L06000025425

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitution to Ellin Officer
Special Instructions to Filing Officer:

Office Use Only



400069145984

04/04/06--01013--007 **25.00

96 APR -4 PH 2: 53
SECRELARIES FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm Coast One Group, LLC (Name of Limite	d Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	1ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
James L. Rose	
(Name of Person)	
Rice & Rose	
(Firm/Company)	
222 Seabreeze Blvd.	
(Address)	
Daytona Beach, Florida 32118	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
James L. Rose	_{it(} 386 <u>)</u> 257-1222
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, James H. CHISHOCK, hereby resign as MANAGIN	uc M	; FM B	?EC
of PALM COAST ONE GROUP, LLC (Limited Liability Company)	e) 		~ >
a limited liability company organized under the laws of the State of FLOK!	DA		<i>پ</i>
and affirm that the limited liability company has been notified in writing of the resi	gnation.		
(Signature of resigning manager, managing member or member)	:5C		
	SECRETAKT C	06 APR -4 P	FILEI
	, FLO	ふ	D

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314