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| Certified Copies | Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEGRETARY OF STATE

D. BRUCE

MAY 09 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| Division of Corporations | | |
| SUBJECT: LAKELAND HOTELS LLC | | |
| (Name of Limited Lia | ability Company) | |
| The enclosed member, managing member or mana filing. | ger resignation and fee(s) are submitted for | |
| Please return all correspondence concerning this π | natter to: | |
| Emil G. Pratesi, Esquire | | |
| (Contact Person) | | |
| Richards, Gilkey, Fite, Slaughter, Pra | tesi & Ward, P.A. | |
| 1253 Park Street | OB M. SEGR. TALLA | |
| (Address) | HAT AN | |
| Clearwater, Florida 33756 | SEL O | |
| (City/State and Zip Code) | FLOR FLOR | |
| For further information concerning this matter, ple | ase call: | |
| Emil G. Pratesiat (| 727 443-3281 | |
| (Name of Contact Person) (A | rea Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the large state of the la | Florida Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as it appears KELAND HOTELS LLC | on the records of the Florida Department |
|---------------------------------------|---|--|
| 2. This limited lial Florida | pility company was organized under the | laws of: |
| 3. The Florida doc <u>L0600002</u> | ument/registration number of this limite | ed liability company is: |
| 4. I, Platinum I | Management Group LLC , here | by resign as a Managing Member |
| (Print) | lame of Person Resigning) | (Print Title) |
| resignation in w | Watels | ability company has been notified of my |
| Signature of Res | igning Member, Managing Member or | Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | 08 HAY -8 PHIZ: 5 TALLAHASSEE, FLORID |

CR2E079 (5/06)