10600036952

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



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G. MCLEOD

MAY 1 2 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Twin Lakes Dock Sa | |
| (Name of Limite | d Liability Company) |
| The enclosed member, managing member or mfiling. | nanager resignation and fee(s) are submitted for |
| Please return all correspondence concerning th | is matter to: |
| Michael R. Coffman | |
| (Contact Person) | |
| Twin Lakes Dock Sales LLC | |
| (Firm/Company) | |
| P.O. Box 1133 | |
| (Address) | |
| Anthony, Fl. 32617 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | , please call: |
| Michael R. Coffman | at <u>352</u> <u>867-9685</u> |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to | the Florida Department of State for: |
| \$25 Filing Fee | \$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 | Tallahassec, Florida 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (5/06)





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | e limited liability company as i vin Lakes Dock Sale | t appears on the records of the Florida Department |
|-------------------------------|---|--|
| | bility company was organized of Florida | under the laws of: |
| 3. The Florida doo L060000 | | his limited liability company is: |
| 4. I, Roger W | Vood Name of Person Resigning) | , hereby resign as a Manager/Member |
| • | ability company and affirm the | limited liability company has been notified of my |
| Signature of Res | ngning Member, Managing Me | mber or Manager |
| Filing Fee: | \$25.00 (Required) | |