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| (Re | equestor's Name) | |
|-------------------------|--------------------|------------------|
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | 2 #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Onl | ~ , <i>XV</i> W. |



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09/22/06--01042--001 **25.00

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Walker Land Transactions, L (Name of Limited Liability Company) | <u>LL</u> C |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted | ed for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Renda Bianchi (Name of Person) Walker Land Transactions, LLC (Firm/Company) 14095 Passage Way (Address) Largo FL 33776 (City/State and Zip Code) For further information concerning this matter, please call: | 06 SEP 22 AM II: 15 SECHETARY OF STATE TALLAHASSEE, FLORIDA |
| Byen Da Bianchi at (727) 595-765. (Name of Person) (Area Code & Daytime Telephone Num | S ber) |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266! 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

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Sandra Petty rew, hereby resign as March |) 2 R A (le) | 2_ | |
|--|--------------------|-----------|----------------|
| of Walker Land Transactions, L (Limited Liability Company) | LC Ess | - 1 06 | , |
| a limited liability company organized under the laws of the State of | | SEP 22 | ., <u>⊐</u> |
| and affirm that the limited liability company has been notified in writing of the resi | GUILL FLORIDA | AM 11: 15 | 9 |
| (Signature of resigning manager, managing member or member) | | 0, | |

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