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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICĶ-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2006 JUN -6 PH 1: 19
SECRETARY OF STATE
AND A MASSEF, FLORIDA

W6-41944

COVER LETTER

| Pivision of Corporations | | |
|---|---|--|
| SUBJECT: HERNANDO BEACH PARTNERS, LAC. (Name of Limited Liability Company) | | |
| Dear Sir or Madam: | | |
| The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted | d for filing. | |
| Please return all correspondence concerning this matter to the following: | | |
| KENNETH DUNN (Name of Person) | | |
| EQUITY PARTNERS REALESTATE (Firm/Company) | | |
| 1324 Seven SPRINGS BluD #363 (Address) | 2006 JUN -6 SECRETAR' TALLAHASS | |
| NEW PORT RICHEY, F134655 (City/State and Zip Code) | JUN -6 PM 1: 19 RETARY OF STATE AHASSEE,FLORIDA | |
| For further information concerning this matter, please call: | AUE 115 | |
| Mic Hag 1 SPRAD/iN6 at (727) 776-0480 (Area Code & Daytime Telephone Number | <u>er)</u> | |

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

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, MICHAEL J. SPRAPLING, hereby resign as MANAGER/M (Title) | EMB EMB | ER ER |
|--|------------|----------|
| of HERNAMON BEACH PARTNERS LAC. (Limited Liability Company) | , | |
| a limited liability company organized under the laws of the State of $\frac{\cancel{F} / \cancel{OR} / \cancel{DA}}{\cancel{A} / \cancel{A}}$ and affirm that the limited liability company has been notified in writing of the resignation. | 2006 JUN | 77 |
| (Signature of resigning manager, managing member or member) | -6 PM 1:19 | |

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