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(Requestor's Name)			
(Address)			
(A	ddress)		
(C	ity/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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B. KOHR
MAR 1 6 2009

EXAMINER



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

400 N. HOGAN STREE	t,uc
	TOME TO SEE TO S
	Art of Inc. File LTD Partnership File Foreign Corp. File Poreign Corp. File Poreign Corp. File Possignation Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
Signature Requested by:	Photo Copy
Name Date Time	UCC 11 Search



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

1. The name of the limited liability company as it of State is: 400 N. Hogan Street, LLC		Florida Department
This limited liability company was organized un Florida	nder the laws of:	
3. The Florida document/registration number of th	is limited liability company is:	:
4. I. Eric Campbell	_, hereby resign as a Mana	ging Member
(Print Name of Person Resigning)	()	Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has be	een notified of my
for farmer		
Signature of Resigning Member, Managing Men	nber or Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: