(Requestor's Name)	
(Address)	
(Address)	
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(100.000)	
(City/State/Zip/Phone #)	
PICK-UP - WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

A. LUNT
MAR 18 2009
EXAMINER

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03/17/09--01029--006 **25.00

VINCENT J. PROFACI, P. A.

Attorney at Law
932 Centre Circle, Suite 1000
Altamonte Springs, Florida 32714
Telephone (407) 673-1144
Facsimile (407) 673-0999
email: vince@profacilaw.com

*Also admitted in New York and New Jersey

March 16, 2009

VIA FEDEX US AIRBILL NO. 8689-5890-9342

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Eagles Nest Yachting, LLC

Dear Sir or Madam:

Enclosed please find the signed original of the following:

1. Resignation of Member, Managing Member or Manager From Florida or Foreign Limited Liability Company.

Also enclosed is our firm's check in the amount of \$25.00 to cover the filing fee. Kindly issue a letter of acknowledgment to the undersigned at the address shown on this letterhead.

Thank you for your courtesies. If you require anything further, please do not hesitate to contact me.

Very truly yours.

Vincent J. Profaci

VJP:slj Enclosures

C.\\Clients\Eagles Nest Yachting\SecretaryofStatelti(Resignation) doc

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: EAGLES NEST YACHTING, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

VINCENT J. PROFACI, ESQ.

(Contact Person)

VINCENT J. PROFACI, P.A.

(Firm/Company)

932 CENTRE CIRCLE, SUITE 1000

(Addross)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT J. PROFACI, ESQ. $_{
m at}($ 407 $_{-)}$ 673-1144

(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:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as of State is: EAGLES NEST YAC	it appears on the records of the Florida Department
2. This limited liability company was organized FLORIDA	SET P
3. The Florida document/registration number of L06000047155 4. I. LORRI BERGLUND	this limited liability company is: , hereby resign as a MANAGER
(Print Name of Person Resigning)	, nereby resign as a (Print Title)
	e limited liability company has been notified of my Tember or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)