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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: St. Lucie County Wareho	Ouse, L.L.C. d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Michael Edwards, P.A.	
(Contact Person)	
Spector and Edwards	2001 SEC TALL/
(Firm/Company)	NOV ARET
10024 S. Federal Highway	2001 NOV -5 SECRETARY O
(Address)	F.S. D
Port St. Lucie, FL 34952	OF STATE
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	335-4949
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$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 Tallahassee, Florida 32301	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

		limited liability company as		of the Florid	la Depa	ırtmen
	of State is:	St. Lucie County War	ehouse, L.L.C.			
	2 This limited liab	ility company was organized	d under the laws of:			
	Florida	inty company was organized	d under the laws of.			
		<u>.</u>	·			
		ment/registration number o	f this limited liability com	pany is:		
	L06000049	795		SE	200	
	Montelos	_		ARE		
	4. I, Mark Lee		, hereby resign as a _	Managin	gavier	nper
		ame of Person Resigning)		FALIAN	TH(P)	
		oility company and affirm th	e limited liability compan	y has been n	i ot ified	őliny
	resignation in wri	ling.		STA OR	ىب	
V		2		IDA ATE	5	
1					_	
	Signature of Resignation	gning Member, Managing N	Member or Manager			
	Filing Fee:	\$25.00 (Required)				
	Certified Copy:	\$30.00 (Required)				