## L06000049811

. (1	Requestor's Name)
(,	Address)
. (	Address)
(1	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
	SEP 30 2008

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**EXAMINER** 



400136242224

09/29/08--01019--007 \*\*55.00

IN SEP 29 P 2: 40
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Amb-murphy, (Name of Limited	LLC I Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	
Mike Murphy (Contact Person)	2008 SEP SECRET TALLAHI
AMB-Murphy LLC (Firm/Company)	2008 SEP 29 P 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2833 Brakley Drive SuiteB	2: 49 ORIDA
Baton Rouge, LA 70816 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Bonnie Parnell - Ofenge a (Name of Contact Person)	t ( 335 ) 291-8797 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$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

_	nited liability company as it appears on 3 - Murphy, LLC	n the records of the F		artment
2. This limited liability  Florida	y company was organized under the la	ws of:	2000 SEP 29 SECRETARY TALLAHASSE	<u> </u>
	ent/registration number of this limited	liability company is	29 P 2: I RY OF STAT SSEE, FLORI	
(Print Name	oks , hereby of Person Resigning) ty company and affirm the limited liab	(	(Print Title)	
Signature of Resign	ing Member, Managing Member or Ma	anager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)