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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	∍ #)		
PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Nar	ne)		
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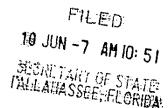
COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations				
SUBJECT: FLORIDA LIFE PROPERTIES, LLC				
(Name of Limited Liability Co	ompany)			
The enclosed member, managing member or manager restfiling.	ignation and fee(s) are submitted for			
Please return all correspondence concerning this matter to	:			
Eric Tennison				
(Contact Person)				
(Firm/Company)				
8165 NW 4TH LN				
(Address)				
OCALA Florida 34482				
(City/State and Zip Code)				
For further information concerning this matter, please cal	1:			
at ()de & Daytime Telephone Number)			
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida \$25 Filing Fee	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			





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the Fl	orida Department
of State is: FLO	ORIDA LIFE PROP	ERTIES, LLC	·
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu 	•	this limited liability company is:	
4. I, James Pa	aul Adair P.A.	, hereby resign as a MGR	
(Print N	ame of Person Resigning)		Print Title)
of this limited lial resignation in wri		e limited liability company has be	en notified of my
Signature of Resi	gning Member, Managing N	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		