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SECRETARY OF STATE
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COVER LETTER

Registration Section Division of Corporations SUBJECT: Expressions From the Heart Florist & Gift Shop 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: Johanna White (Contact Person) Expressions From the Heart Florist & Gift Shop LLC (Firm/Company) Constitution (Address) 10 3 Tone + 3 Port St Joe, Florida 32456 (City/State and Zip Code) For further information concerning this matter, please call: $\begin{array}{c} \text{at} \ (\underline{ 850} \\ \text{(Area Code \& Daytime Telephone Number)} \end{array}$ Johanna White (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 pressions From th			
	lity company was organized of Florida	l under the laws of:		
3. The Florida docu L060006	ment/registration number of 31259	this limited liability cor	npany is:	
4. I, Rhonda (Print No.	M Harrison ame of Person Resigning)	, hereby resign as a	Managi (Print	ng Member Title)
of this limited liab resignation in wri	oility company and affirm th	e limited liability compa	iny has been r	9
Signature of Resi	pla M. Zb. gning Member, Managing M	Member or Manager	HASSEE, F	N STA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		STATE LORIDA	M 55