

LD6000061306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AT. CUNIGAN JAN - 8 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ParadiseSquared, 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:

Bonnie Scates-Caudill

(Contact Person)

(Firm/Company)

6319 Pontiac Lane

(Address)

North Port, FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Scates-Caudill

(Name of Contact Person)

at (941) 441-5354

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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08 JAN -7 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ParadiseSquared, LLC
2. This limited liability company was organized under the laws of:
Florida
3. The Florida document/registration number of this limited liability company is:
L06000061306
4. I, Bonnie Scates-Caudill, hereby resign as a Manager/Member
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Bonnie Scates-Caudill

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)