## L010000064274

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
AUG 27 2010				

Office Use Only

**EXAMINER** 



800184529898

08/26/10--01014---010 \*\*55.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: L + L Enterprises, LL @ (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:
LORRAINE BELL (Contact Person)
L+L Enterprises, LLC (Firm/Company)
14390 Mustang Trail (Address)
H. Lander dale, H. 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (186) 5/2/580  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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

1. The name of the I	imited liability company a	s it appears on the records o	of the Florida Department
of State is:	L+L Ente	prises, LLC	
			<del></del>
2. This limited liabil	lity company was organize	d under the laws of:	
FL	DRIDA	•	
	<b>—</b>	of this limited liability comp	any is:
1060	00064274	•	
•			
4.1, Coleman	I hindsoy Bel	, hereby resign as a	member
(Print Na	me of Person Resigning		(Print Title)
of this limited liab	ility company and affirm th	ne limited liability company	has been notified of my
resignation in writ	ing.		
Colem- 1	man Dell		
	ning Member, Managing N	Member or Manager	
		_	
			75 1C
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)