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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
**************************************	(Business Entity Name)
	(Document Number)
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Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 18 AM11: 1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elegance by the Sea, LLC	iability Company)
(Name of Editived Ed	admity Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
REBECCA F. EMMONS, ESQ.	
(Contact Person)	
STEWART & EVANS, P.A.	
(Firm/Company)	
3355 OCEAN DRIVE	
(Address)	
VERO BEACH, FL 32963	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
REBECCA F. EMMONS, ESQ. at (772) 231-3500
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$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 32301	Tallahassee, Florida 32314
	TNESTIC

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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 ap SANCE BY THE SEA,	-	of the Florida Departr	nent
2. This limited liabilit	y company was organized und	der the laws of:		
3. The Florida docum L060000673	ent/registration number of this	s limited liability com	pany is:	
4. I, BOGNA M. I	LINDER e of Person Resigning)	_, hereby resign as a _	MEMBER (Print Title)	_
•	ity company and affirm the lin	nited liability compan	y has been notified of	îmy
Signature of Resign	ing Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1	~

ECRETARY OF STATE

FLED

CR2E079 (5/06)