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(Req	uestor's Name)	
(Add	ress)	· ·
(6.4.4	ress)	
(Add	1622)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
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. (Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Safe Harbor M (Name of Limited Li	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Dav. d Martin (Contact Person)	<del></del>
(Firm/Company)	LLC
8W Kay Rd # 1052 (Address)	<u> </u>
Bradeston FL 39212 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
David Martin at (Name of Contact Person) at (A	94 Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



## 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 of State is:	limited liability company as The Harbor Mo	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu	ument/registration number of	this limited liability com	pany is:
4.1. Kurt	0	, hereby resign as a _	Member (Print Title)
of this limited lial resignation in wri	oility company and affirm the ting.	e limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
•	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)