

•
(Requestor's Name)
(Address)
(Address)
(radioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300136846233

10/14/08--01032--011 **25.00

OB OCT 14 PH 4:50

1015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Johnny D Le (Name of Limited L	e JR UC
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	natter to:
Geraldine y Lan (Contact Person)	<u>J</u>
TRI-County Realty UC	
11 Shorbor Onks (Address)	
FRUIT Land Park F (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at 6	386 717-3028 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)





DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGERY FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY The name of the "

1. The name of the of State is:	limited liability company as it appears on the recommendation of the second sec	ords of the Florida D	epartment
2. This limited liab	ility company was organized under the laws of:		
LOGOS	ment/registration number of this limited liability 252 hereby resign ame of Person Resigning)		<u> </u>
,	oility company and affirm the limited liability co		
Signature of Resi	gning Member (Managing Member or Manager	esfective	9-21-08
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		