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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL MAIL   |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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SECTION OF STATE INTERPRETATION OF STATE INTERPRETATIO

## **COVER LETTER**

| Division of Corporations  |   |
|---|---|
| SUBJECT: PARKCIDES Q (Name of Limited Liab  |   |
| The enclosed member, managing member or managing.   | er resignation and fee(s) are submitted for   |
| Please return all correspondence concerning this ma   | tter to:  |
| Kendra 102d (Contact Person)  | SEE P.  |
| (Firm/Company)  | ORIDA   |
| 310 NEISTAVE  |   |
| Delkay Beach F2 33 (City/State and Zip Code)  | 444   |
| For further information concerning this matter, pleas   | se call:  |
| Kendka Todd at (5 (Are  | a Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Fl<br>\$25 Filing Fee  | orida Department of State for: \$55 Filing Fee & Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



## 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 limited liability company as it appears on the records of the Floor of State is: PARKSIDE SQUARE 3136 | orida Department   |
|--|--------------------|
| 2. This limited liability company was organized under the laws of:   | O7 JAN -9 AF       |
| 3. The Florida document/registration number of this limited liability company is: LOGOOOD 74671.                         | FLORIDA<br>FLORIDA |
| 4. I, Save The Section Hes LLC, hereby resign as a Mem (Print Name of Person Resigning) (Pr                              | able int Title)    |
| of this limited liability company and affirm the limited liability company has bee resignation in writing.               | n notified of my   |
| Signature of Resigning Member, Managing Member or Manager  |                    |
|  |                    |

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)