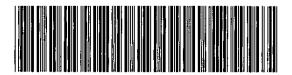
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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05/08/09--01020--009 **55.00 ***



T. CLINE
MAY - 8 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2009

CAROLYN SMITH 304 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951

SUBJECT: CRUZAN VILLAGE DEVELOPERS, LLC

Ref. Number: L06000081341

We have received your document for CRUZAN VILLAGE DEVELOPERS, the However, upon receipt of your document no check was enclosed. Please sent a check or money order payable to the Department of State for \$55.00. Four document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 309A00010551

COVER LETTER

TO:	ΓO: Registration Section Division of Corporations			
SUBJ	ECT: CRUZAN VILLAGE (Name of Lin	DEVELOPERS, LLC ited Liability Company)		
The en	nclosed member, managing member or	manager resignation and fee(s) are submitte	d for	
Please	e return all correspondence concerning	this matter to:		
0	AROLY J SH TITT (Contact Person)	SECRE TALLAI	2009 HAY	
	(Contact Person)	ASSEE	2009 HAY -7 PH STATE	
	(Firm/Company)		57	
<u>3</u>	09 HIBISCUS TRAIL (Address)		当	
4	ELBOURNE BEACH, FL (City/State and Zip Code)	32-951		
For fu	rther information concerning this matt	er, please call:		
	(Name of Contact Person)	at (321) 271.0870 (Area Code & Daytime Telephone Number)	_	
Enclo	sed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy		
Regist Divisi Clifto 2661	tration Section on of Corporations n Building Executive Center Circle hassee, 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

	nited liability company as it a						
of State is:CR	UZAN VILLAGE DE	VELOPERS, LLC	75 2				
2. This limited liabilit	y company was organized und	der the laws of: 	9 MAY -7 PM 3: 39 ECRETARY OF STATE LLAHASSEE. FLORID pany is:				
3. The Florida document/registration number of this limited liability company is:							
L060000	081341	_•	P				
	,						
4.1, CAROLY-1	5. SMITI+ e of Person Resigning)	_, hereby resign as a _	MGRM				
(Print Nam	e of Person Resigning)		(Print Title)				
of this limited liabili resignation in writir	ity company and affirm the ling.	nited liability compan	y has been notified of my				
Carolya Signature of Resign	S. Smith ing Member, Managing Mem	ber or Manager					
Filing Fee: Certified Copy:	\$25.00 (Required)	Ū					