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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	.,
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Korte, Praker + M. (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
James 3. Parker (Contact Person)	
(Contact Person)	
Tiames B. Pinker/ (Firm/Company)	
	TAS O
3215 S. Ocean Blud Und go	SECRETARY ALLAHASSI
(Address)	ARY ASSE
Highland Bonert FL 33487 (City/State and Zip Code)	PH 2: 02 Y OF STATE SEE FLORIDA
For further information concerning this matter, 1	
Name of Contact Person) at	(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: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 Florida Department
of State is: Korte Parker + Ruthman, P.L.
2. This limited liability company was organized under the laws of: Florida.
3. The Florida document/registration number of this limited liability company is:
4. I, J. Brawsegrap Protes , hereby resign as a Member (Print Name of Person Resigning) (Print Title) = 17
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
for to ke
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)