## 206000092125

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

05/23/12--01012--002 \*\*55.00

200235340662

2912 HAY 23 FN LEG 39

SHANC NAWY OF STATE
TALL AHARSEE FI DOING

Office Use Only

MAY 24 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: 1119 White Street LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Jan Doelman	
(Contact Person)	2912 HAY
1119 White Street LC	
(Firm/Company)	
1119 White Street	□ · · · · · · · · · · · · · · · · · · ·
(Address)	
Key West FL 33040	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jan Doelman at	797 40294
(Name of Contact Person)	(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 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

	imited liability company as it app	pears on the records of the F	lorida Depa	rtment	
of State is: 111	9 White Street LLC		Ξ.,	;;; <u>₹</u> .	
	lity company was organized unde	r the laws of:	LLAHASSEE, FLO	IIP HAY 23 FM ES	
3. The Florida docu 	ment/registration number of this l	imited liability company is:	경기	60°	
4. I, Jan Doelm	an ume of Person Resigning)	_, hereby resign as a Management Member			
•	ility company and affirm the limi	•	ŕ	of my	
Signature of Resignature	gning Member, Managing Membe	er or Manager	,		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

The new Management Member will be Damien McCarthy, 1119 White Street, Key West, FL 33040

PILED PARMY 23 MES 99 PATANTANY OF SASIE