## 060000099467

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>(</del> #)		
PICK-UP	<b>WAIT</b>	MAIL		
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DIVISION OF CORPORATIONS
OF JAN 22 PM 2: 56

JAN 2 3 2007

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Arts of Palm, LLC		
(Name of Limited Li	ability Company)	<del>-</del>
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted	for
Please return all correspondence concerning this n	natter to:	
Leslie Hussey, Sr.		
(Contact Person)		o Py
		7 J
(Firm/Company)	<del></del>	FILE ISION OF CO
(Find Company)		
203 E. Bluewater Edge Dr.		PH PRPS
(Address)		2:1
		56 56
Eustis, FL 32736		
(City/State and Zip Code)	e se e de la companya	* *, *,
For further information concerning this matter, ple	ease call:	
· · · · · · · · · · · · · · · · · · ·		
Leslie Hussey, Srat(	)	
	Area Code & Daytime Telephone Number)	·
Enclosed please find a check made payable to the	Florida Department of State for	
\$25 Filing Fee	X \$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Registration Section		
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



## 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	e limited liability company as	s it appears on the records of the Flori	da Department
of State is:	Arts of Palm, LLC		
			97 97
2. This limited lial	oility company was organized	d under the laws of:	
Florida			OT JAN 22
			70 1
3. The Florida doc	ument/registration number o	f this limited liability company is:	5
L0600009946	57		50
		•	.•
4. I, Lascelles		, hereby resign as a Manager &	
(Print)	Name of Person Resigning)	(Print	t Title)
of this limited lia resignation in w	• • •	ne limited liability company has been	notified of my
Signature of Res	my fighing Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)	ŭ	
Certified Copy:	\$30.00 (Optional)		