LD1000/00/77

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		





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03/19/09--01019--020 **50.00



D. BRUCE

MAR 20 2009

EXAMINER

COVER LETTER

SUBJECT: Properties St. (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
filing.	
Diagramatica all accompanions de la constant de la	
Please return all correspondence concerning this matter to:	
Jane Ships (Contact Person) (Contact Person) (Firm/Company) (Firm/Company) (Address) Jost Myers Jeneda 33401 (City/State and Zip Code) For further information concerning this matter, please call:	
(Name of Contact Person) at (239) 331- 7474 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, 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

1. The name of the limited liability company as it ap of State is: ** ** ** ** ** ** ** ** ** ** ** ** **	opears on the records of the Florida Department
2. This limited liability company was organized und	
3. The Florida document/registration number of this	
	, hereby resign as a Managing Member (Priht Title)
Signature of Resigning Member, Managing Member Filing Fee: \$25.00 (Required)	09 MAR 19 AH TALLAHASSEE, F
Certified Copy: \$30.00 (Optional)	C STAT