## L06000102925

2	(Requestor's Name)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-L	P WAIT	MAIL.			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of \$	Status			
Special Instruction	s to Filing Officer:				
:					
	*****				

Office Use Only



500090055915

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 800 Court Street I	iability Company)	<del></del>
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submit	tted for
Please return all correspondence concerning this	matter to:	
Maring J. bell (Contact Person)		
Ellis, had & Radden, P.A.	· · · · · · · · · · · · · · · · · · ·	DIVISION  O7 MAF
7171 North Foderal Huy (Address)		NISION OF CORPORATIONS O7 MAR -7 PH 3: 53
Boca Ratur, T-L 33487 (City/State and Zip Code)	<del>1000</del>	3: <b>53</b>
For further information concerning this matter, pl	ease call:	•
Marius God at ( (Name of Contact Person)	S61 995-1966 Area Code & Daytime Telephone Number	er)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ı

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 is Court Street Inves		of the Florida Departm	ent _·	
2. This limited liabil	ity company was organized un	nder the laws of: 		07 MAR -7	DIVISION OF CORPORATIONS
3. The Florida docur	ment/registration number of th	is limited liability comp	oany is:	PH	ORPO
T00000 105	923	·		ى: 53	)RATIO
	J. Dolman me of Person Resigning)	_, hereby resign as a _	MGR (Print Title)	ω -	Ü
of this limited liabi	ility company and affirm the li	mited liability company	has been notified of r	ny	
Signature of Resig	ning Member, Managing Men	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				