

206000106771

(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:

Office Use Only



600146744976

03/25/09--01009--008 **25.00

FILED
09 MAR 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 26 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherman & Perlman, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott B. Babbitt, Esq.

(Contact Person)

Scott B. Babbitt, P.A.

(Firm/Company)

800 W. Cypress Creek Road Suite 502

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Babbitt

(Name of Contact Person)

at (954) 771-5297

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
09 MAR 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: SHERMAN + PERLMAN, LLC

2. This limited liability company was organized under the laws of:

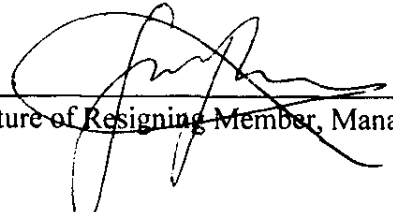
STATE OF FLORIDA, NOVEMBER 02, 2006

3. The Florida document/registration number of this limited liability company is:

LD6000106771

4. I, SAR PERLMAN, hereby resign as a MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*  Dec 31, 2007
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
09 MAR 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA