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D. BRUCE

DEC 27 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: WINDMAKER, LLC	
(Name of Li	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Amy Rabinovitz	
(Contact Person)	
WINDMAKER, LLC	PILED  DEC 22 PM 12: 40  CRETARY OF STATE AHASSEE. FLORID,
(Firm/Company)	
	See III III III III III III III III III
800 CELEBRATION AVE., SUITE 328	1.00 LS
(Address)	ROD
	<b>*</b>
CELEBRATION, FL 34747	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Amy Rabinovitz	at (_407) 748-4510
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$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 32301	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

	e limited liability company as IDMAKER, LLC	it appears on the records of the Florida Department
2. This limited liab	oility company was organized	under the laws of:
THE STATE (	OF FLORIDA	·
3. The Florida doc	_	this limited liability company is:
4. [, Amy Rabino	vitz Name of Person Resigning)	, hereby resign as a MANAGING MEMBER (Print Title)
of this limited lia resignation in wi		e limited liability company has been notified of my
Cleys W.	12	/21/2011
Signature of Res	igning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	DEC 2.