## 10000 1099b1

(Re	equestor's Name)	
(Ad	ldress)	•
(Ad	idress)	•
(Ci	ty/State/Zip/Phone	·#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900082948129

01/08/07--01043--020 \*\*25.00

07 JAN -8 PM 3: 52 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PLZ ENT: (Name of Limited L.)	EXPRISES LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
William C RHODEN (Contact Person)	
PLZ ENTER PIBES, LLC (Firm/Company)	O7 CALL
4638 THORN WA GODD (Address)	ASS 8
(Address)	
ORLANDO, FL 3281 (City/State and Zip Code)	JAN -8 PM 3: 52 RETARY OF STATE AHASSEF FLORIDA
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (	
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
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:	_MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 ENCOUNTY CONTROL CHOIC	i ananassee, i mina 12117

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

	limited liability company as		Departmen	t -
	ility company was organized of Funion	d under the laws of:		
4. I, WillAM (Print N  of this limited liab resignation in wri		, hereby resign as a , hereby resign as a ne limited liability compa	07 JAN -8 PH 3: 5元 SECRETARY : SECRETARY	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			