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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL SCASONS PASSO LUNG LE (Name of Limited Liability Company)	ine LLS
The enclosed member, managing member or manager resignation and fee(sfiling.	s) are submitted for
Please return all correspondence concerning this matter to:	
Tollier M Des 60 (Contact Person)	,
(Firm/Company)	OT DEC
6119 BELKTON AUG	語語
(Address) Spaing Hill F1 34608 (City/State and Zip Code)	FILED AM 11:31 OT DEC 10 AM 11:31 SECHETARISSEE, FLORIDA TALLAHASSEE, FLORIDA
For further information concerning this matter, please call:	
Name of Contact Person) at (352) 666- (Area Code & Daytime Tele	phone Number)
Enclosed please find a check made payable to the Florida Department of S \$25 Filing Fee \$ Certified Cop	tate for:
STREET/COURIER ADDRESS: MAILING AI Registration Section Registration Sc Division of Corporations Division of Co Clifton Building P.O. Box 6327	ection rporations

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 lin	nited liability company as it appears on the records of the Florida Department L Seasons Patio Fuzzituae LLC.	
2. This limited liabilit	ty company was organized under the laws of:	
4. I, And Print Name of this limited liability resignation in writing	ment/registration number of this limited liability company is: OOO 114956 A DAGO, hereby resign as a MgA (Print Title) ity company and affirm the limited liability company has been notified of my ng. Sign Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	