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SECRETARY OF STATE
TALL AHASSEE FI COMA

T. CLINE
JUN - 2 2009
EXAMINER

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	South Horid	a Managenent (d Liability Company)	Shrice	o UC
The enclosed filing.	member, managing member or ma	anager resignation and fee(s) are su	bmitted for	
Please return	all correspondence concerning thi	<u> </u>	7. 2	
South 3801	Florida mam (Firm/Company) N. Lenjuersity (Address)	t. Services Dr. Suite. 310	2009 JUN - 1 PM 12: 39 SECRETARY OF STATE JALLAHASSEE, FLORID	
Surri	(City/State and Zip Code)	35 (2: 39 PATE DRIDA	
For further in	formation concerning this matter,	please call:		
Hathy	to work at at a time of Contact Person)	(Area Code & Daytime Telephone No	<u>73</u>	
Enclosed plea	se find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy		
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ns	

CR2E079 (5/06)



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 th	e limited liability company as		the Flor	ida Depar	tment
of State is:	outh-florida	Management	<u> Se</u>	حاركة	35.66
2. This limited lia	bility company was organized	under the laws of.	,	CRETARY O	
3. The Florida doc	cument/registration number of	-	ny is:	STATE	PM 12: 39
4.1, Elic (Print	KOVACS Name of Person Resigning)	, hereby resign as a	JICE F (Prin	RES /	Manace
of this limited lie resignation in w	ability company and affirm the riting.	e limited liability company h	ias been	notified o	of my
	5/28/09				
Signature of Re	signing Member, Managing M	ember or Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)