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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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3. No. 1 JUN 1 5 2009

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEE attachment (Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	matter to:
Colleon Futh (Contact Person)	
(Firm/Company)	
8575 SR 207 North	<u> </u>
Hastings F1 321 (City/State and Zip Code)	
For further information concerning this matter, p	blease call:
Collun Futh at (Name of Contact Person)	(<u>386</u>) <u>937-1309</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DO JUN-8 PH 2:40

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: Finida	the Florida Department
2. This limited liability company was organized under the laws of: FED 8416, LLC.	
3. The Florida document/registration number of this limited liability compa	ny is:
4. I, Vickit. Roffist , hereby resign as a M. (Print Name of Person Resigning)	UNAGLY (Pint Title)
of this limited liability company and affirm the limited liability company resignation in writing.	has been notified of my
Signature of Resigning Member, Managing Member or Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: