## W700001401

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
SECRETARY OF STATE



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CREIGHTON, D'AN (Name of Limited Liab	
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
ROBERTWD'ANGELO JR. (Contact Person)	· 
(Firm/Company)	
113 ANDRE MAR DRIVE (Address)	
FT. MYERS BEACH, FL 33 (City/State and Zip Code)	<sup>9</sup> ड ।
For further information concerning this matter, plea	
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number
Enclosed please find a check made payable to the F \$25 Filing Fee	ea Code & Daytime Telephone Number SECRE Code & Daytime Telephone Number SECRE Code & Certified Copy  AH Code & Code & 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

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

		any as it appears on the		da Department	
2. This limited liab		ganized under the laws o	f:		
	ment/registration num	nber of this limited liabi	lity company is:		
of this limited liab resignation in wri	bility company and af	firm the limited liability	company has been i	G-007 OCT     AH    : 20  G-007 OCT     AH    : 20  G-007 OCT     AH    : 20	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			20 ATE AIDA	