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| (Cit | y/State/Zip/Phone | e #) |
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| . (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

TALLAHASSEF FINALE

D. BRUCE
MAR 3 1 2009
EXAMINER

COVER LETTER

| | egistration Section ivision of Corporations | | | | | |
|--|--|---------------------|---|----------------|--------------------|-----|
| SUBJEC | er: Cl | JLPEPPER | , LLC | | | |
| 202020 | | imited Liability Co | mpany) | | | |
| The enck | osed member, managing member | or manager resi | gnation and fee(s) are subm | itted for | r | |
| Please re | turn all correspondence concernir | ng this matter to | : | | | |
| | JACK CULPEPPE | R | | | | |
| | (Contact Person) | | _ | Edition " | | |
| | CULPEPPER, LLC | | _ | ALLAH MEGRE | 09 MAR 31 PM 3: 55 | n, |
| | (Firm/Company) | | _ | AS | ⊋ 3 | Har |
| | 3317 NE COLIN KELLY | / HWY | _ | RY OF | II PI | 5 |
| | (Address) | | | FLOR | င္မာ | 2 |
| | MADISON, FL 3234 | 0 | _ | ATE RIDA | 55 | |
| | (City/State and Zip Code) | | | | | |
| For furth | er information concerning this ma | atter, please call | : | | | |
| JACK | CULPEPPER | at (850_ | 973-7337 e & Daytime Telephone Numb | | | |
| | (Name of Contact Person) | (Area Code | e & Daytime Telephone Numb | er) | | |
| Enclosed | please find a check made payable \$25 Filing Fee | | Department of State for: \$55 Filing Fee & Certified Copy | | | |
| Registrat Division Clifton B 2661 Exe | C/COURIER ADDRESS: ion Section of Corporations suilding excutive Center Circle | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | 4 | | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2009

JACK CULPEPPÉR 3317 NE COLIN KELLY HWY MADISON, FL 32340

SUBJECT: CULPEPPER, LLC Ref. Number: L07000003912

O9 MAR 31 PM 3: 55
SECRETARY OF STATE
PALLAHASSEE, FIORIE

We have received your document for CULPEPPER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00009907



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it PEPPER, LLC | appears on the records | s of the Flo | orida Depa | artment |
|---|--|-------------------------|--------------|---------------------|-------------|
| 2. This limited liability FLORIDA | ity company was organized u | under the laws of: | | SECRETA TALLAHAS | 09 MAR 31 |
| | nent/registration number of t | | npany is: | OF STA | |
| 4. I, ANGELA B | CULPEPPER | , hereby resign as a | MGRM | ADA STE | <u>n</u> |
| (Print Nat | ne of Person Resigning) | | (Pr | int Title) | |
| of this limited liabi resignation in writi | lity company and affirm the ng. | limited liability compa | ny has bee | n notified | l of my |
| Charle B. | Culzega | | | | |
| Signature of Resign | ning Member, Managing Me | ember or Manager | | | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | |