## L07000004802

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(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
VALLAHASSEE, FI ORIGINAL

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## **COVER LETTER**

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nanager resignation and fee(s) are submitted for				
is matter to:				
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001 JUN-26 P 3: 30 SECRETARY OF STATE LLAHASSEE. FLORID!				
Es D				
STATE FLORIDA				
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please call:				
526-6178				
(Area Code & Daytime Telephone Number)				
he Florida Department of State for:				
\$55 Filing Fee & Certified Copy				
сенией сору				
MAILING ADDRESS:				
Registration Section				
Division of Corporations				
P.O. Box 6327 Tallahassee, Florida 32314				
j				

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

2. This limited liability company was organized under the laws of:  Florida  3. The Florida document/registration number of this limited liability company is:  20-8321140  4. I, Amanda M Robertson  (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Filing Fee:  \$25.00 (Required)  Certified Conv.:  \$30.00 (Optional)		limited liability company as it ap	ppears on the records	of the I	Florida I	Department .
3. The Florida document/registration number of this limited liability company is:  20-8321140  4. I, Amanda M Robertson  (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)		ility company was organized und	der the laws of:	SECRETAF TALLAHAS	2001 JUN 2	~ <b>~</b>
(Print Name of Person Resigning) (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)	3. The Florida docu 20-83211	ument/registration number of this	s limited liability con	RY OF STATE SEE, PAPORIDA	•	ĒD
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)	/	M Robertson	_, hereby resign as a	Mana	aging	<u>Mem</u> ber
Filing Fee: \$25.00 (Required)	of this limited liab resignation in wri	pility company and affirm the lin		,		
•			ber or Manager			
	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				