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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP WA	MAIL MAIL			
(Business Enti	ty Name)			
(Document Number)				
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SECRETARY OF SAME

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Take it for life LLC.	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Jeffrey Meade	
(Contact Person)	
(Firm/Company)	
7100 41th Street	
(Address)	
Vero Beach, FL 32966	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jeffrey Meade at	772 766-2462
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
Č.	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a e it for Life, LLC	ippears on the records	s of the Florida Do	epartment
	lity company was organized un ted Liability Company A			
3. The Florida docu L07000005	ment/registration number of the 725	is limited liability con	npany is:	
4. I. Jeffrey Me	ade (aka Jeff Meade)	, hereby resign as a	Member & N	/lanager
(Print No	ame of Person Resigning)	<i>, ,</i>	(Print Title)	
of this limited liab	ility company and affirm the liting.	mited liability compa	ny has been notifi	ied of my
Signature of Resi	gning Member, Managing Mem	nber or Manager		SECRET IVISION C
Filing Fee:	\$25.00 (Required)			2 TAR
Certified Copy:	\$30.00 (Optional)	•		- 골 경우
ा _{विकि} श्चित्री पूर्व	\$30.00 (Optional)	ે અંતર્ભાવન	19. 2 4 8 6	12:-09
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