## 111200000701

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (Addless)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



800109357428

09/17/07--01049--026 \*\*25.00

07 SEP 17 PH 2: 5

SECRETARY OF A FAIR

DIVISION OF COMPANY AND

## **COVER LETTER**

for

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Barefoot App<br>(Name of Limited)   | Praisers LLC Liability Company)                                       |
| The enclosed member, managing member or managing.  | anager resignation and fee(s) are submitted                           |
| Please return all correspondence concerning thi  | s matter to:  |
| Jan Case (Contact Person)  | ·<br>   |
| Barefoot Appraisers  | LLC   |
| 1707 26th Street W   | <u>êst</u>  |
| Bradenton, FL 342<br>(City/State and Zip Code)   | 05  |
| For further information concerning this matter,  | please call:  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)                                |
| Enclosed please find a check made payable to the state of | he Florida Department of State for:  \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:  |
| Registration Section   | Registration Section  |
| Division of Corporations   | Division of Corporations  |
| Clifton Building 2661 Executive Center Circle  | P.O. Box 6327<br>Tallahassee, Florida 32314                           |
| 2001 EACOUNTO COMO! CHOIC  | 1 minimusoo, 1 1011da 52517   |

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

|                          | limited liability company as                   |                            | of the Florida Dep  | artme    | ent<br> |
|--------------------------|--|----------------------------|---------------------|----------|---------|
|                          | lity company was organized<br>imited Liability |                            | <del>1</del>        |          |         |
| 3. The Florida docu      | nment/registration number of                   | this limited liability com | pany is:            |          |         |
| •                        | ame of Person Resigning)                       | , hereby resign as a       | (Print Title)       |          | -       |
| of this limited liab     | oility company and affirm the ting.            | e limited liability compar | ny has been notifie | d of n   | ıy      |
| Signature of Resignature | gning Member, Managing M                       | ember or Manager           |                     | 07 SEP   | SECRET  |
| Filing Fee:              | \$25.00 (Required)                             |                            |                     | 17       | 77 77   |
| Certified Copy:          | \$30.00 (Optional)                             |                            |                     | PM 2: 52 |         |