## L0700017000

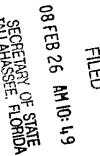
(Requestor's Name)					
•	,				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	<b>⇒</b> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
<b>\</b>	,				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:	•			
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Indigo Moon, LLC		_
(Name of Lin	nited Liability Company)	
The enclosed member, managing member o filing.	or manager resignation and fee(s) are submitte	ed for
Please return all correspondence concerning	g this matter to:	
Marleen Basile		
(Contact Person)		9
Indigo Moon, LLC		FEB '
(Firm/Company)		弱
2235 Mermaid Point NE		SHOP SHOP
(Address)		93
St. Petersburg, FL 33703		Su.
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
Marleen Basile	_at (_813) 855-8619	_
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	_
Enclosed please find a check made payable  \$25 Filing Fee	to the 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 P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassoo, Tionaa 52514	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the of State is: Indi	limited liability company as it a	appears on the records of t	he Florida Depart	ment ·
2. This limited liabi State of Flo	lity company was organized un rida	der the laws of: 	E.C.	08 FEB 26
3. The Florida docu L07000017	ment/registration number of thi	s limited liability compan 	y is:	MID: 49
4. I, William Ne	Ison ume of Person Resigning)	_, hereby resign as a MC	GRM (Print Title)	
	ility company and affirm the lin	nited liability company ha	•	`my
Signature of Resignature	gning Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			