

L070000017110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

DEC 16 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 14 AM 10:52

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEMINOLE HOSPITALITY GROUP LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JO-LIN OSCEOLA  
(Contact Person)

SEMINOLE HOSPITALITY GROUP, LLC.  
(Firm/Company)

6340 NORTH 40TH STREET  
(Address)

HOLLWOOD FL 33024  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JO-LIN OSCEOLA at (954) 224-1009  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

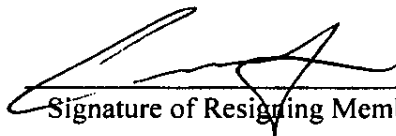
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SEMINOLE HOSPITALITY GROUP LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
LO7000017110

4. I, CAROLINE P. GAMA, hereby resign as a MANAGER/MEMBER  
(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)  
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

STATE OF FLORIDA	
COUNTY OF	<u>Broward</u>
The foregoing instrument was acknowledged before me this	
<u>23</u> day of	<u>November</u> 20 <u>09</u>
by <u>Caroline P. Gama</u>	
<input checked="" type="checkbox"/> PERSONALLY KNOWN TO ME	
<input type="checkbox"/> PRODUCED AS IDENTIFICATION	
Type of identification	



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TALLAHASSEE, FLORIDA