070001897 (Requestor's Name) (Address) 300110989253 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 10/23/07--01045--002 **25.00 (Business Entity Name) FILED PHILZ: 41 (Document Number) Certified Copies ____ Certificates of Status _ Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: (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:

(Contact Person) ive

(City/State and Zip Code)

For further information concerning this matter, please call:

302-4879 at ((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 &

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

Certified Copy

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: <u>SHEPS FORWAR</u>, <u>UC</u>.
- 2. This limited liability company was organized under the laws of:

Florida

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

000018978(MQL) ____, hereby resign as a 4. I (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)Certified Copy:\$30.00 (Optional)



CR2E079 (5/06)