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PICK-UP WAIT M	IAIL
(Business Entity Name)	
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G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
DANIANA OITYIIA	ADDWOOD ELOODO LLO
SUBJECT: PANAMA CITY HA	imited Liability Company)
The enclosed member, managing member	or manager resignation and fee(s) are submitted for
filing.	of manager resignation and ree(s) are submitted re
Please return all correspondence concerni	ng this matter to:
CHRISTINA PETTYS	
(Contact Person)	
IMPACT TAX & ACCOUNT	ING INC
(Firm/Company)	
8730 Thomas Drive #1110	3
(Address)	
PANAMA CITY BEACH, FL	. 32408
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
ELIZABETH RAY	at (850) 319-7615
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	
\$25 Filing Fee	\$55 Filing Fee &
	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)

+25.00



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 NAMA CITY HARD			partme	ent -•
	ility company was organized o	under the laws of:			
3. The Florida doci	ument/registration number of t	his limited liability cor	npany is:		
4. I, RANDY GOODE (Print Name of Person Resigning) of this limited liability company and affirm the limi		, hereby resign as a	(Print Title)		
resignation in wr	· · ·	пппес павту сопра	my has been notifie		oj Sira
Signature of Res	igning Me n ber, Managing Me	mber or Manager		08 APR 18	ECRETAR STON OF C
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PH 1: 37	LED Y OF STAII JORPORATI