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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T



SUBJECT: That's A Moray, LLC	;	•
	Limited Liability Cor	mpany)
The enclosed member, managing member filing.	er or manager resig	gnation and fee(s) are submitted
Please return all correspondence concern	ing this matter to:	
Jeanine K. Slagle		
(Contact Person)		_
That's A Moray, LLC		_
(Firm/Company)		
25 Avenue D		_
(Address)		
Apalachicola, FL 32320		~
(City/State and Zip Code)		
For further information concerning this n	natter, please call:	
Jeanine K. Slagle	at (850	653-1111
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
CR2E079 (5/06)	••	

for



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2008

JEANINE K. SLAGLE 25 AVENUE D APALACHICOLA, FL 32320

SUBJECT: THAT'S A MORAY LLC

Ref. Number: L07000021404

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 508A00011347

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



March 31, 2008

JEANINE K. SLAGLE 25 AVENUE D APALACHICOLA, FL 32320

SUBJECT: THAT'S A MORAY LLC Ref. Number: L07000021404

We have received your document for THAT'S A MORAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Quit-claims are not filed in this office. The coversheet received in this office indicates that a member, managing member or manager was resigning from the LLC. Enclosed is the proper form for that fiing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 408A00018857

Leslie Sellers Regulatory Specialist II



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 lost of State is:		as it appears on the records	of the Florida Department
2. This limited liabi	lity company was organiz	zed under the laws of:	
3. The Florida document Log 000		of this limited liability comp	pany is:
•	me of Person Resigning) ility company and affirm	, hereby resign as a the limited liability company	(Print Title)
1 Maron	ning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	
			2006 SE TAL

DOO APR 16 AH 8: 2

CR2E079 (5/06)