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| (Re | questor's Name) | |
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| (Ad | dress) | |
| . (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| Resign | Office Use On | |
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COVER LETTER

| Division of Corporations | |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| SUBJECT: Sovereign Proper (Name of Limite | d Liability Company) |
| The enclosed member, managing member or mfiling. | nanager resignation and fee(s) are submitted for |
| Please return all correspondence concerning th | is matter to: |
| William Dale Armstrang (Contact Person) | $,, \mathcal{J}_{c}$ |
| (Firm/Company) | |
| (ғиш/сопралу) | |
| 3931 Winston Lane (Address) | |
| Valdosta, GA 3/601 (City/State and Zip Code) | |
| For further information concerning this matter, | , please call: |
| William S. Hendrix (Name of Contact Person) | At (386) 623-262 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | 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 |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

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 li | mited liability company as it a overeign Apperly | ppears on the records Development, | of the Florida Dep | artment |
|--------------------------------|--------------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------------|
| 2. This limited liabil | ity company was organized un | der the laws of: | | |
| 3. The Florida docur | nent/registration number of thi | s limited liability com | pany is: | |
| L 07 000 4. I, | N. Robertson ne of Person Resigning) | , hereby resign as a _ | member / manoging (Print Title) | <u>me</u> mber |
| of this limited liabi | lity company and affirm the ling. | mited liability compan | y has been notified | l of my |
| Signature of Resig | ning Member, Managing Mem | ber or Manager | | SECRE JIVISION 07 OCT |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | TARY OF SIGNERAL THREE CO. P. 17 PM 2: 04 |