## <u>L670003/163</u>

	(Requestor's	s Name)			
	(Address)				
	(Address)				
	(City/State/Z	Zip/Phone #)	<u></u>		
PICK-UP	P □ V	VAIT	MAIL		
<u> </u>	(Business E	ntity Name)			
(Document Number)					
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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON

MAY 2 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Three Pearls LLC (Name of Limited L)	ishility Company)
(Name of Limited L	Clability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Guy Rabideau	
(Contact Person)	
Guy Rabideau, Esquire	
(Firm/Company)	
400 Royal Palm Way, Suite 204	
(Address)	
Palm Beach, Florida 33480	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	ease call:
Guy Rabideau, Esquire	561 655-6221
(Name of Contact Person) (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
	Columbia Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it appears on the records of the of State is:  Three Pearls LLC  Three Pearls LLC	e Florida Department 
2. This limited liability company was organized under the laws of:  Florida	
3. The Florida document/registration number of this limited liability company L0700031693	is:
4. I, Suzetta Small , hereby resign as a Mar	nager
(Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has	(Print Title)
resignation in writing.  Signature of Resigning Member, Managing Member or Manager	S been nounted of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	MAY 19 PH 2: CRETARY OF STATE LAHASSEE, FLORI