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COVER LETTER

Division of Corporations						
SUBJECT: Fuehauting ESTATES LLC (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:						
Annette Middelhaf (Contact Person)						
Enchanting ESTATES (Firm/Company)						
5901 Cypress RD (Address) 0/447777						
PLANTATION FL 333/7 (City/State and Zip Code) For further information concerning this matter, please call:						
For further information concerning this matter, please call:						
Annette Middelhof at (954) 693 87 74 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee} &						

STREET/COURIER ADDRESS:

Registration Section

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

MAILING ADDRESS:

Certified Copy

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TURN PAGE



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as			da Department	
2. This limited liabil	lity company was organized				
	ment/registration number of	•	company is:		
of this limited liab	CHRISTOPHE me of Person Resigning) ility company and affirm th		(Print	(Title)	
resignation in writ	ning Member, Managing M	1ember or Manager		2013開Y2 SECRETAN TALLAHASS	Juger, E E
	\$25.00 (Required) \$25.00 (Optional)			PH 1: 36 RY OF STATE SEE PLORIDA	3