LITO0035752

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
	Sittorial of Corporations		
SUB	JECT: GHL DEVELOPMEN	IT, LLC	
	(Name of	Limited Liability Company)	
The e		r or manager resignation and fee(s) are subr	mitted for
Pleas	e return all correspondence concerni	ng this matter to:	
JOY	CE GALASSI		
	(Contact Person)		
W. 8	SCOTT WYNN		
	(Firm/Company)		
P.O	. BOX 447		
	(Address)		
GR	OVELAND, FL 34736		
	(City/State and Zip Code)		
For fu	urther information concerning this m	atter, please call:	
JOY	CE GALASSI	_{at (} 352 ₎ 552-6950	
	(Name of Contact Person)	(Area Code & Daytime Telephone Num	ber)
Enclo	sed please find a check made payab	le to the Florida Department of State for:	
	\$25 Filing Fee	\$55 Filing Fee &	
		Certified Copy	
	EET/COURIER ADDRESS:	MAILING ADDRESS:	
•	stration Section	Registration Section	
	ion of Corporations	Division of Corporations	•
	on Building	P.O. Box 6327	1.4
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 323	14

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		s of the Florida Departme	nt
2. This limited liab	oility company was organize	ed under the laws of:		
3. The Florida doc 	ument/registration number o	of this limited liability con	mpany is:	
4. I, PHILIP J. HORVATH (Print Name of Person Resigning)		, hereby resign as a	MANAGER (Print Title)	•
•	bility company and affirm t	he limited liability compa	,	у
Signature of Res	igning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRET	

CR2E079 (5/06)