## 101000034425

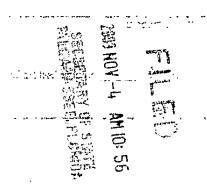
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	· WAIT	MAIL
		: : :
(Ві	usiness Entity Nai	me) ; ; ;
. (Do	ocument Number)	
Certified.Copies	_1 *Certificate	s of Status <u>)                                  </u>
Special Instructions to	Filing Officer:	

Office Use Only



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T. CLINE

NOV - 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Specialized Leasing Man			
(Name of Limited	l Liability Company)		
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning thi	s matter to:		
L. Alan Jacoby			
(Contact Person)			
Specialized Leasing Management (Firm/Company)	Company, LLC		
(Finis Company)			
855 S. Federal Highway			
(Address)			
Pompano Beach, Florida 33062	please call:		
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
L. Alan Jacoby	<sub>1(</sub> 954 <sub>)</sub> 784-3350		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to t	he Florida Department of State for:		
\$25 Filing Fee	\$55 Filing Fee &		
Casa.	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		

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 limited liability company as it ap			ida Dep	partmen	ıt
of State is: Specialized Leasing Manage	ement Compar	ıy, LLC			
2. This limited liability company was organized under	or the laws of				
The State of Florida	ei uie iaws oi.				
The State of Florida	•		El Co	F-2	
				AON GGR	\$245
3. The Florida document/registration number of this	limited liability com	mony ice	The artis		
L0700036425	minica nabinty con	ipaity is.	175	<u>t</u> _	el sur
L0700030423	•		171	To	
Educational Assessed:		MODM		R	,,,
4. I, Edmund Accardi	, hereby resign as a	MGRM	1177	<u>چ</u>	***
(Print Name of Person Resigning)		(Prin	nt Title)	95	
of this limited liability company and affirm the lim	ited liability compar	ny has been	notifie	d of my	7
resignation in writing.					
Signature of Resigning Member, Managing Memb	er or Manager				
Signature of the state of the s	••••••				
Filing Fee: \$25.00 (Required)					
Certified Copy: \$30.00 (Optional)					