## 607000040555

	(Requestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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02/19/10--01015--020 \*\*25.00



S. HAWKES
FEB 2 2 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: UNITEDDEVELOPMEN	T & OSCO LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
GAIL SHARON SMIT	
(Contact Person)	
UNITEDDEVELOPMENT & OSCO	DLLC
(Firm/Company)	
931 WILLOW OAK LOOP	
(Address)	
MINNEOLA, FLORIDA, 34715	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at ( 407 ) 902-5084
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$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	



## 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	s it appears on the records	s of the Florida Lepardent
	ility company was organized		SEE. FLORID
<u>L</u> 07000040		·	
4. I, GAIL SHA	RON SMIT	, hereby resign as a	(Print Title)
·	Tame of Person Resigning) bility company and affirm the iting.	ne limited liability compa	,
Filing Fee:	ghing Member, Managing 1 \$25.00 (Required)	Member or Manager	
Certified Copy:	\$30.00 (Optional)		