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## **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	
SUBJE		
	(Name of Li	mited Liability Company)
The en filing.	closed member, managing member	or manager resignation and fee(s) are submitted for
Please	return all correspondence concerning	g this matter to:
Jenn	ifer R. Marchi	
	(Contact Person)	
	(Firm/Company)	
1340	Stratton Drive	
	(Address)	
Lake	land, FL 33813	
	(City/State and Zip Code)	
For fur	ther information concerning this ma	tter, please call:
Jenn	ifer R. Marchi	at (_ 863) 944-3989
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SECRETARY OF STATE
TALEAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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