(Requestor's Name)			
(Address)			
(1 tdd1033)			
(Address)			
(City/State/Zip/Phone #)			
(Only/State/2.lp/) Hone #)			
PICK-UP WAIT MAIL			
· (Business Entity Name)			
(Business Entity Mante)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
5			

DEC - 8 2010

EXAMINER



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12/06/10--01023--021 **25.00

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: 12700 University	/ Drive, LLC
SOBOLCI:	nited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Meir Daller	
(Contact Person)	
12345 Developmen	t, LLC
(Firm/Company)	
14270 Royal Harbour Cour	t, Unit 423
Fort Myers, FL 339	008
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Meir Daller	at (239) 980-2302
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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 00 University Driv		s of the Florida Department
2. This limited liabil Florida	ity company was organize	d under the laws of:	
3. The Florida document	ment/registration number o	of this limited liability cor	npany is:
	me of Person Resigning) ility company and affirm t	hereby resign as a	MGRM (Print Title) any has been notified of my
Signature of Resig	ming Member, Managing	Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		10 DEC -6 SECRETARY

CR2E079 (5/06)