L07000046498

(Re	questor's Name)	
(Ad	dress)	
	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SURJECT: M+5 H/6/5CG May (Nume of Limited Liability Company)	+, LLC			
The enclosed member, managing member or manager resignation and for filing.				
Please return all correspondence concerning this matter to:				
Charles H. Santord Esq. (Contact Person)	FILED FILED FILED FILED FILED FILED FILED			
(Fice/Company)	る語る			
3003 Carlinal Dr, Sute E				
Vero Beach, FC 32963 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (772, 492 (Area Code & Daytime Tele	ephone Number)			
Enclosed please find a check made payable to the Florida Department of \$ \$25 Filing Fee	&			
STREET/COURTER ADDRESS: MAILING A	ddress:			
Registration Section Registration S	Section			
Division of Corporations Division of C				
Clifton Building P.O. Box 632				
2661 Executive Center Circle Tallahassee, I	Florida 32314			
Tallahassee, Florida 32301				

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as it appears on the record MY-S-WIBISCHS	
	ability company was organized under the laws of:	÷
4.1, Mich	Document/registration number of this limited liability on DODDO 46498 Solwar Person Resigning)	
of this limited larcsignation in	inbility company and affirm the limited liability compa	FILE 7 AUG -7 SECRETARI TALLAHASSI
Filing For:	\$25.00 (Required)	MIII: 10