100000493199

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Contified Coning				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

MAR - 5 2008

EXAMINER

Office Use Only



800118905168

03/03/08--01031--004 **55.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

8 MAR _4 PM 4: 2

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: NEW HAMPTON CONDO (Name of Limited Liability	
The er filing.	nclosed member, managing member or manager re	esignation and fee(s) are submitted for
Please	return all correspondence concerning this matter	to:
	(Contact Person)	
NE	W HAMPTON CONDO ASSOC	
27	N PENNOCK LN, STE 205 (Address)	
VU	PITER, FL 33458 (City/State and Zip Code)	
For fu	rther information concerning this matter, please c	all:
<u> </u>	(Name of Contact Person) at (36)	/ 575-2288 Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to the Floric \$25 Filing Fee	da Department of State for: \$\int\text{\$55 Filing Fee &}\$ Certified Copy
Regist Divisi Clifto 2661	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallah	assee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ale	;
2. This limited liability company was organized under the laws of: STATE OF FIORIOA.	
3. The Florida document/registration number of this limited liability company is:	
4. I. Richard Blck hereby resign as a MCRM (Print Name of Person Resigning) (Print Title)	,
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Richard Bet	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	7
TARY OF SI ASSEE, FLO	