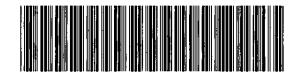
L07000049904

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	AIL.	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



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T. HAMPTON

MAR 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Strision of Corporations	•
SUBJECT: INTREPID 350, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Jean Seibold	
(Contact Person)	
Forman & Altino	·
(Firm/Company)	•
2101 West Commercial Blvd., Suite	2800
(Address)	
Fort Lauderdale, FL 33309 (City/State and Zip Code)	<u>!</u>
For further information concerning this matter	, please call:
Jean Seibold	at (954) 735-0000
(Name of Contact Person)	at (954) 735-0000 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to [X] \$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Bóx 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 it appears on the records of the Florida Department		
of State is: _Intrepld_350, LLC		
2. This limited liability company was organized und Florida	ler the laws of:	
3. The Florida document/registration number of this L07000049904	s limited liability company is:	
4. I, Frank Lopez (Print Name of Person Resigning)	_, hereby resign as a <u>Manager</u> (Print Title)	
of this limited liability company and affirm the lir resignation in writing.		
Signature of Resigning Member, Managing Mem	Der of Manager	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: