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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE
NIT AMASSEE FLORID

COVER LETTER

Division of Corporations				
SUBJECT: NORTH FLORIDA (Name of Limited	Liability Company)			
The enclosed member, managing member or managing.	nager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:			
KIM KURNITSKY (Contact Person)				
NORTH FLORIDA LAND > CA (Firm/Company)	PITAL, LLC			
P.O. Box 610 (Address)				
PORT ST. SOE FL 3245 (City/State and Zip Code)	<u> </u>			
For further information concerning this matter, please call:				
(Name of Contact Person)	(850) 84-5878 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a	* -	-
2. This limited liability FLORID	ty company was organized ur	nder the laws of:	
	ent/registration number of th	is limited liability comp	oany is:
4. I, G. BRENT (Print Nam	FAISON ne of Person Resigning)	_, hereby resign as a _	MANAGER (Print Title)
of this limited liabil resignation in writin	ity company and affirm the ling.	mited liability company	y has been notified of my
Signature of Resign	ung Member, Managing Men	nber or Manager	
_	\$25.00 (Required) \$30.00 (Optional)	·	;