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DR

### COVER LETTER

**Division of Corporations** 

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

cecutive Dr.,

For further information concerning this matter, please call:

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee &

X \$25 Filing Fee

### STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Certified Copy

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	timited liability company as it appears on the records of the FI	orida Departme	ent _·
2. This limited liabi	lity company was organized under the laws of:	07 NOV 28 SECRETARY TALLAHASSE	the second
	ment/registration number of this limited liability company is:	AM II: 0!	
(Print No		RM rint Title)	-
of this limited liab resignation in write	cility company and affirm the limited liability company has being.	en notified of m	ıy
Signature of Resig	gning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		