## U7000060685

(Requestor's Name)	
(Address)	
<b>,</b>	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
,	
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SECRETARY OF STATE
MILLAHASSEF OF STATE

M. THOMAS

JAN 26 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kaue Proper (Name of Limited)	CTICS IIC Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Genger K. Thorn (Contact Person)	SECRETAIN ALLAHASSE
(Firm/Company)	
1330 Lester Ct	ORIDA
Merritt Island, (City/State and Zip Code)	F1 32952
For further information concerning this matter, p	please call:
H. Scott Calduell at (Name of Contact Person)	(321) 594-920 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	\$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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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:
2. This limited liability company was organized under the laws of:  Florida Limited Liability Company Agt,  Florida Statutes, Chapter 608
3. The Florida document/registration number of this limited liability company is:  LO 700060685 - ON CI FEID STOTEMENT 107  4. I, Genger Kaye Thorn, hereby resign as a Operating Manager
(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.
Signature of Resigning Member, Managing Member or Manager

CR2E079 (5/06)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)