107000081235

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





000110908830

10/22/07--01038--013 **135.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

AT ACT 22 AMIL: 51.

COVER LETTER

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SUBJ	ECT: Pinellas Concierge LLC				
	(Name of Limit	ed Liability Company)			
The enfiling.		manager resignation and fee(s) are submitted for			
Please	e return all correspondence concerning the	his matter to:			
Deb	orah Scott				
	(Contact Person)				
Pine	ellas Concierge LLC				
	(Firm/Company)				
26 F	HIGHLAND AVENUE				
	(Address)				
DUN	NEDIN, FL 34698				
	(City/State and Zip Code)				
For fu	urther information concerning this matter	, please call:			
DEB	BORAH SCOTT	at (727) 204-0850			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
	EET/COURIER ADDRESS:	MAILING ADDRESS:			
_	tration Section	Registration Section			
	ion of Corporations n Building	Division of Corporations P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
	nassee, Florida 32301	141141143500, 1 101144 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

	limited liability company as ellas Concierge LLC	it appears on the records of the	e Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc	ument/registration number of	this limited liability company	is:
4. I, Janice Mo	OCIE Name of Person Resigning)	, hereby resign as a Mar	naging Member /MGRA
	bility company and affirm the	e limited liability company has	· ·
91	Un		
Signature of Res	igning Member, Managing M	fember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY C DIVISION OF COR