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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: WITY Ref (Name of Limited Liab	LLC company)	<del></del>	
The enclosed member, managing member or manag filing.	er resignation and fee(s) a	are submitted for	
Please return all correspondence concerning this ma	utter to:		
STEPhen Morehouse (Contact Person)			
Unity Ret LLC			
7810 Land o Lakes \$100 (Address)	1 # 333	2007 NOV SECRETA	B
Land O Lake F1 3 463 (City/State and Zip Code)	9	LOOT NOV 19 P U: SECRETARY OF STAT LLAHASSEE, FLORI	
For further information concerning this matter, plea	se call:	ATE ARIDA	7
STePhen Morehouse at (407) 947-2397 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of Stat \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion orations	
Tallahassee, Florida 32301	i ununusse, i loi	100 J4J17	



## 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:    SECRETARY    SECRETARY    SECRETARY   SECRET
3. The Florida document/registration number of this limited liability company is:  LONDO POR RESIDENT  4. I, TIMBRIVICET hereby resign as a PRESIDENT (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
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)