Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

LLERS

APR 20 2009

From:

Account Name

: MITCHELL L. BERKOWITZ,

Account Number : 120040000054 Phone

Fax Number

: (561)863~6111 フソジー66スタ : (561) 863~5333 745~6790

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HARTMAN HOUSE, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

COVER LETTER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: HARTMAN HOUSE, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
GEORGE A. RISOLO		
(Contact Person)		
HARTMAN HOUSE, LLC		
(Finn/Compuny)		
321 NE 2ND AVENUE		
(Address)		
DELRAY BEACH, FL 33444		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
GEORGE A. RISOLO at (561) 745-667.5		
(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		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		

CR2E079 (5/06)

4090000917343



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as in RTMAN HOUSE, LLC	appears on the records of the Florida Department
2. This limited liabil FLORIDA	lity company was organized	under the laws of:
3. The Florida docu L0700086	-	this limited liability company is:
4. I, PETER CA	NELO une of Person Resigning)	, hereby resign as a MANAGING MEMBER
•	ility company and affirm the	limited liability company has been notified of my
Signature of Resig	gning Member, Managing M	ember or Manager
Filling Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
		SECATALLA

CR2E079 (5/06)

APR 17 MM 8: 05

CRETARY OF STATE
LAHASSEE FLORINA