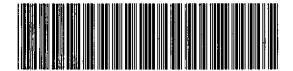
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(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Supremer 2) Hone wy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Casaist Instructions to Fillian Officer
Special Instructions to Filing Officer:
A. LUNT
AUG 19 2011
EXAMINER
- ,

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TILED

COVER LETTER

Division of Corporations	
SUBJECT: River City Property Management (Name of Limited Liability Co	·
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Suzanne Erickson	
(Contact Person)	_
River City Property Management	_
(Firm/Company) 13820 Old It augustive (Address)	2011 AUG 17 SECRETARY FALL-AHASSI
Jacksonville, Florida 3255	AHASA HASA
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Suzanne Erickson at 904	
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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 it er City Property Manag	• •	Florida Departmen	ŧ
2. This limited liab	ility company was organized ur	nder the laws of:	2011 AUG 17 SECRETARY	
3. The Florida doct	ument/registration number of th	is limited liability company is		
4. I, Brent Ericl	KSON Jame of Person Resigning)	, hereby resign as a	aging member (Print Title)	-
of this limited lial resignation in wr	bility company and affirm the li	imited liability company has b	een notified of my	,
Signature of Resi	gning Member, Managing Men	nber or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			