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SECRETARY OF STATE
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J. BRYAN

JUN - 9 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Paradise Lifestyles, LLC	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Judy Rowe	
(Contact Person)	ECRI LA
Paradise Lifestyles, LLC	N-8
(Firm/Company)	PH PH
3780 Baldwin Lane	O9 JUN -8 PM 2: 08 SECRETARY OF STATE ALLAHASSEE. FLORIE
(Address)	Die G
Naples, FL 34116	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Judy Rowe	821-3506
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 of State is: Paradise Lifestyles, LLC	appears on the records	s of the Florid	a Department
2. This limited liability company was organized un Florida	nder the laws of:		JUN-8 PH CRETARY OF CAHASSEE.
3. The Florida document/registration number of th	is limited liability con	npany is:	2: 08 FLORIDA
_{4. I.} Christian M. Rowe	, hereby resign as a	Managing	g Member
(Print Name of Person Resigning)	<u> </u>	(Print	Title)
of this limited liability company and affirm the li resignation in writing.	imited liability compa	ny has been n	otified of my
Butian Mark			
Signature of Resigning Member, Managing Men	nber or Manager		
		•	

Filing Fee:

\$25.00 (Required) \$30.00 (Optional)

Certified Copy: