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Special Instructions to Filing Officer:						

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C. LEWIS AUG - 9 2010 EXAMINER

#### **COVER LETTER**

Division of Corporations
SUBJECT: Rock ledge Cap to I need the Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Please return all correspondence concerning this matter to:  (Contact Person)
Rock ledge Costal Investments (LC (Firm/Company)
13833 Wellyston Trace, E4#109 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (56/) Sd > 6680  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (5/06)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O.-Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### FILED

2010 AUG -6 AM NE: 51

SECRETARY OF STATE
TALLAMASSEE FLORICA

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

1. The name of the	limited liability company a	as it appears on the r	ecords of the Flor	rida Department
of State is:	ock ledge Ca	pital In	vestments	260.
2. This limited liab	ility company was organize	ed under the laws of	:	
Florida	<u>,                                      </u>	·	•	
	•	•		
- 3. The Florida docu	ment/registration number	of this limited liabili	ity company is:	
1070	00095224	·		
4. I, Antho	apple of Person Resigning)	்த, hereby resig	n as a <u>Pe</u> (Pri	sident ni Tille)
of this limited liab resignation in wri	pility company and affirm titing.	the limited liability o	company has beer	notified of my
Chh.		Tracke Stran	<u>-100</u>	
Signature of Resi	gning Member, Managing	Member or Manage	F	
				Samuel Sa
Filing Fee:	\$25.00 (Required)			

\$30.00 (Optional)

Certified Copy: