L07000097541

(Re	equestor's Name)	
•		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u> </u>
•		·
PICK-UP	■ WAIT	MAIL
· /P.	isiness Entity Nan	201
. (bu	isiness Entity ivan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
		ļ
		ł
	,	
		

Office Use Only



500113019705

12/14/07--01020--015 **30.00

ZOOT DEC IN P 3: NN
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

MAISION OF CO	rporations		
SUBJECT:	LAND OF Opportunity Development (IC (Name of Limited Liability Company)		
•	(Name of Limited Liability Company)		
	•		
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.		
Please return all corresp	ondence concerning this matter to the following:		
r rease retain an corresp	onderior concerning and matter to the tonowing.		
	IAN J KAHN		
	(Name of Person)		
	Land of Opportunity Development LLC		
	(Firm/Company)		
	1504 Bay Rd # 1805 For =		
	(Address)		
	AR DE		
	(Address) May FL 33139 (City/State and Zin Code)		
	(City/State and Zip Code)		
For further information concerning this matter, please call:			
•	22		
IAN KAH	N Jan 202 JUE E		
<u> </u>	at (7,00) 00 3 2 1 1		
(мапс	of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the			
S25.00 Filing Fee	\$30.00 Filing Fee &\$55.00 Filing Fee &\$60.00 Filing Fee,		
•	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy		
	(additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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 li of State is:	mited liability company a	as it appears on the records tunity Developmen	of the Florida Departm ナ しし	nen
2. This limited liabili	ty company was organize	ed under the laws of:		
	nent/registration number o	of this limited liability com	pany is:	
4. I, Juy It	ZKOW+Z ne of Person Resigning)	, hereby resign as a _	MGRA THE	
of this limited liabilinesignation in writi	lity company and affirm t	the limited liability compan	> C ======	iny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			