## 107000115837

<u> </u>				
(Requestor's Name)				
		,		
(Ac	ddress)			
•				
	ddress)			
(//.	auress)			
(Ci	ty/State/Zip/Phone #	)		
PICK-UP	WAIT	· MAIL		
(D.				
(BL	usiness Entity Name)			
, (Do	ocument Number)			
Certified Copies	Certificates of	Status		
	_			
Special Instructions to	Filing Officer:			
	×*	٠		
	<del></del> -			

Office Use Only



300137120283

10/24/08--01044--001 \*\*25.00

S. HAWKES

OCT 272008

EXAMINER

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
SUBJECT: SOL	UTHEAST RANCH LL	_C Liability Company)
	(Name of Linnea	Chaomity Company)
The enclosed mem filing.	ber, managing member or ma	anager resignation and fee(s) are submitted for
Please return all co	orrespondence concerning this	s matter to:
JOEL GUTIEI	RREZ	
	(Contact Person)	<del></del>
SOUTHEAST	RANCH LLC	
	(Firm/Company)	
1965 SPOON	BILL STREET	
	(Address)	
JACKSONVIL	LE, FLORIDA 32224	,
	(City/State and Zip Code)	
For further informa	ation concerning this matter, p	olease call:
JOEL GUTIEF	RREZ at	561 667-0479
(Name of		(Area Code & Daytime Telephone Number)
Enclosed please fin	nd a check made payable to th	ne Flor <u>ida</u> Department of State for:
<b>√</b> \$	25 Filing Fee	\$55 Filing Fee &
_		Certified Copy
STREET/COURI	· · · · · · · · · · · · · · · · · · ·	MAILING ADDRESS:
Registration Sectio		Registration Section
Division of Corpor	ations	Division of Corporations
Clifton Building	4 6' 1	P.O. Box 6327
2661 Executive Cer Tallahassee, Florid		Tallahassee, Florida 32314

CR2E079 (5/06)







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

	UTHEAST RANCH L		the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doce L07000115	ument/registration number of 5837	this limited liability compared.	ny is:
4. I, DAGMAR	·	, hereby resign as a M	GRM
	ame of Person Resigning)		(Print Title)
	bility company and affirm the	: limited liability company h	nas been notified of my
resignation in wr	iting.		
Thata			
Signature of Res	gning Menuer, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		