

Lo7 000123244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

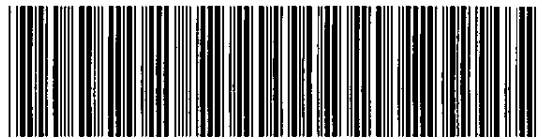
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500137158215

~~10/24/08 01015-001 **25.00~~

10/24/08--01015--001 **25.00

FILED
2008 OCT 24 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 27 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Historic 512, LLC

(Name of Limited 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:

John Obediente

(Contact Person)

Historic 512, LLC

(Firm/Company)

PO Box 340733

(Address)

Tampa, FL 33694

(City/State and Zip Code)

For further information concerning this matter, please call:

John Obedeinte

(Name of Contact Person)

at (813) 610-5499

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FILED

2000 OCT 24 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

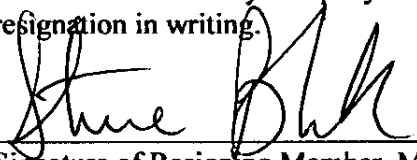
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Historic 512, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L07000123244

4. I, Steven P. Blank, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)