125828

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(Address)
. (City/State/Zip/Phone #)
. (City/State/Zip/Phone #)
n
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only

G. MCLECD

AUG 28 2008

EXAMINER



200134948752

08/27/08--01020--009 **25.00

08 AUG 27 PH 1: 51

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

14

TO: Registration Section Division of Corporations	
SUBJECT: Holl Wood Pry Y. (Name of Limited L.	A fe INVESTMENT Club a
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DURAND JOSEPL	<u>s.</u>
Hollywood Private Inve	stment Club LLC
3721 SW3rd Store	et_
FORT LAUDERDALE (City/State and Zip Code)	<u> 133312</u>
For further information concerning this matter, pl	lease call:
Durand Joseph S at ((Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, Fiorida 32314

CR2E079 (5/06)



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 Ji of State is:	imited liability company as it appears on the records of the Florida Wywood WIVATE INVESTMENT	Department	<u></u>
, –,	ity company was organized under the laws of:		
3. The Florida docum	nent/registration number of this limited liability company is: $\frac{7000/35828}{600}$	e	
	the of Person Resigning), hereby resign as a // (Print To a lity company and affirm the limited liability company has been noting.	,	
Signature of Resig	ning Member, Managing Member or Manager	OB AUG	SECRET
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	OF CORPORATIONS 27 PM 1: 54	ARY OF STATE