108000001836

(Requestor's Name)	
(Address)	
۵	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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08/31/09--01032--024 **25.00



T. CLINE

SEP - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bikers Property LLC (Name of Limited Liability Cor	many
(Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Jeff Levey	
(Contact Person)	_
Bikers Property LLC	
(Firm/Company)	
6217 Marbella Blvd	2009 AUG 3 SEGRETAR FALLAHAS
(Address)	HASS F
Apollo Beach, Florida 33572	~
(City/State and Zip Code)	
For further information concerning this matter, please call:	OF STATE
Jeff Levey at (941	778-3170
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, i joilaa 323 i T
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 limited liability company as it ap of State is: Bikers Property LLC	pears on the records of the Florida Department
2. This limited liability company was organized und Florida	er the laws of:
3. The Florida document/registration number of this LO8000001836	6 31 F
4. I, Kenneth Columbia	, hereby resign as a Manager (Print Title):
(Print Name of Person Resigning) of this limited liability company and affirm the lim resignation in writing.	
V- LCOR	
Signature of Resigning Member, Managing Memb	er or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	