L08000004881

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Ĉit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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SECRETARY OF STATE
SECRETARY OF STATE
AND ANIASSEE, FLORIDA

COVER LETTER

for

Division of Corporations	
SUBJECT: Regional Commerce Ser	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or manafiling.	ger resignation and fee(s) are submitted
Please return all correspondence concerning this m	atter to:
Barbara A Moran, Esquire	
(Contact Person)	
Law Office of Barbara A Moran, P.	Α
(Firm/Company)	
1375 State Road 436, Unit 1075	
(Address)	
Casselberry, FL 32707	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
	407 263-4026
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for:
\$25 Filing Fee	✓ \$55 Filing Fee &
·	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED 10 AUG 23 AM II: 22 SEUNETARY OF STATE IALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a onal Commerce Ser		of the Florida Department
2. This limited liability Florida	y company was organized und	der the laws of: 	
3. The Florida docume L08000048	ent/registration number of this	s limited liability con	npany is:
4. I, James E M	Oran e of Person Resigning)	_, hereby resign as a	Managing Member (Print Title)
	ty company and affirm the lin	nited liability compar	,
Signature of Resigni	ing Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		
•	\$30.00 (Optional)		