## 108000009765

| (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: |
|   |
|   |
|   |
|   |





600213152826

10/13/11--01031--004 \*\*60.00

HOCT 13 PHIZ: 48
SECRETARY OF SHARE
AHASSEE: FLORIOR

J. BRYAN

ULI 14 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations                |  |
|--|--|
| SUBJECT: Center Line Associates (Name of Limited)                | Liability Company)   |
| The enclosed member, managing member or managing.                |  |
| Please return all correspondence concerning thi                  | s matter to:   |
| Alyssa Chambless   |  |
| (Contact Person)   |  |
| Center Line Associates   |  |
| (Firm/Company)   |  |
| 88 Beal Parkway NW, Suite B                                      |  |
| (Address)  | E OF ON  |
| Fort Walton Beach, FI 32548                                      | N OCT 13 PH 12: 48   |
| (City/State and Zip Code)  |  |
| For further information concerning this matter,                  | please call:   |
| Alyssa Chambless at  | 850 362-0019   |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)                                 |
| Enclosed please find a check made payable to the \$25 Filing Fee | se Florida 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   |

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                                | e limited liability company as it a enter Line Associates              | appears on the record        | s of the Floric | la Department |   |
|--------------------------------|--|------------------------------|-----------------|---------------|---|
| 2. This limited lia Florida    | bility company was organized ur  | nder the laws of:            | ;               | \$500 TO      | 1 |
| 3. The Florida do:<br>L0800000 | cument/registration number of the 19765                                | is limited liability cor<br> | npany is:       | PH 12: 42     | 7 |
| <sub>4. I,</sub> Tonya Wi      | nitaker  | _, hereby resign as a        | Manager         |               |   |
| (Print                         | Name of Person Resigning)  | _ , ,                        | (Print          | Title)        |   |
| resignation in w               | ability company and affirm the liviting.  Signing Member, Managing Mem |                              | ny has been n   | otified of my |   |
| Filing Fee:                    | \$25.00 (Required)   |                              |                 |               |   |

Certified Copy:

\$30.00 (Optional)