W8000010685

(Requestor's Name)
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SECRETARY OF STATE
TALL AHASSEE, FLORID.

T. CLINE

MAY - 7 2008

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: 1741 Barber Street LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	
Timothy P. Michael	_
(Contact Person)	
1741 Barber Street LLC	
(Firm/Company)	
4610 86th Place	ZIOR MAY SECRET TALLAH
(Address)	SA -
Sebastian, FL 32958	Y-6 AM II: 23 HASSEE, FLORIDA
. (City/State and Zip Code)	LOR LOR
For further information concerning this matter, please call	Tre Alba
Timothy P. Michael at (772	559-6965
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\sum_{\subset}\$	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	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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: 1741 Barber Street, LLC	opears on the records of the I	Florida Department
This limited liability company was organized und Florida	der the laws of: 	
3. The Florida document/registration number of this L08000010685	s limited liability company is	2008 HAY SECRET
4. I, Burke Michael-Neely (Print Name of Person Resigning)	_, hereby resign as a Mana	neserie
of this limited liability company and affirm the lin resignation in writing.	•	· - · · · · · · · · · · · · · · · · · ·
Signature of Resigning Member, Managing Mem	her or Manager	
Signature of Resigning Member, Managing Memb	ber of ivialiager	

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