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**EXAMINER** 



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SECRETARY OF CTAIC DIVISION OF CONTOWATION

## COVER LETTER

Division of Corporations	·
SUBJECT: LEADING EDGE (Name of Limited	GOLF TLiability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
KEVIN SPRECHER (Contact Person)	
LEADING LDGE GOLF (Firm/Company)	
2725 KINSINGTON (Address)	-18CIE
WESTON, FL 3333 (City/State and Zip Code)	2
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 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

		nited liability company as it appears on the records of the Florida Dep	oartm	ent _·
	2. This limited liability	y company was organized under the laws of:		
	#L080000	ent/registration number of this limited liability company is:    O   O   O		_
	of this limited liabil resignation ip writing	ity company and affirm the limited liability company has been notifie	d of r	SECRETAL SECRETAL DIVISION OF
•	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	.9 PM 3: 20	MOLVED SECO.