108000011A78

(Requestor's Name)
(Address)
•
(Address)
·
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700131639887

07/01/08--01028--008 **25.00

2008 JUL - I AMII: 09
SECRETARY OF STATE

T. CLINE

JUL - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: No Trespassing Partners, LLC (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resignations of the enclosed member, managing member or manager resignations.	
filing.	gnation and rec(s) are submitted for
Please return all correspondence concerning this matter to	:
Jack E. Owens	
(Contact Person)	
No Trespassing Partners, LLC	2898 JUL - 1 AM 11: 09 SECRETARY OF STATE FALLABASSEE. FLORID
(Firm/Company)	
2731 Silver Star Rd	SEC. I
(Address)	101 112 113
Orlando, FL 32808	15 09 100
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Jack E. Owens at (407	970-6842
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 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

1. The name of the limited liability company as it ap of State is: No Trespassing Partners, LL	•	of the Flor	ida Departr	nent —·
 This limited liability company was organized und Florida 	ler the laws of:			
3. The Florida document/registration number of this L08000016978	limited liability con	npany is:	SECRETARY O	
4. I, Randy S. Lacey	_, hereby resign as a	MGRM	. F. S. E.	
(Print Name of Person Resigning) of this limited liability company and affirm the lin resignation in writing.	nited liability compar		nt Title)	my D
Randy S Lacey Signature of Resigning Member, Managing Memb	ber or Manager			
Filing Fee: \$25.00 (Required)				

Certified Copy: \$30.00 (Optional)