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Special Instructions to F	iling Officer:	
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Office Use Only



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08/17/09--01014--013 **25.00



D. BRUCE

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UCJ_S (Name of Limited Liability Co	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
LAWRENCE G. BAILIE (Contact Person)	
UC > US $UC $ (Firm/Company)	O9 AUG SEGÑE I TALLAHA
4881 Tenh Wood Drive	ARY OF SSEE. F
Naples, Fl. 34/19 (City/State and Zip Code)	2:31 STATE LORIDA
For further information concerning this matter, please call	:
(Name of Contact Person) at (239) (Area Cod	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:	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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Flor $UCSLSLC$	rida Depa	rtme	nt .•
2. This limited liab	ility company was organized under the laws of: of Flory and LLC. LAS	SECRE!	09 AUG	لنت
	ument/registration number of this limited liability company is:	ARY OF STA	17 PM 2:	ILED
4.1, Steph	ame of Person Resigning), hereby resign as a MG (Prin	nt Title)	<u>မ</u>	
of this limited lial resignation in wr	bility company and affirm the limited liability company has beer iting.	notified	of m	У
	8/15/09			
Signature of Resi	gning Member, Managing Member or Managér			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			