108000032442

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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SECRETARY OF STATE
AREANN SSEE, FLORIDA

T. CLINE

OCT 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIMFORD LLC	
(Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Timothy P Hale	_
(Contact Person)	_
Timford LLC	_
(Firm/Company)	
4247 Covey Circle	_
(Address)	Zijili TAI
Naples, Florida 34109	B OCT
(City/State and Zip Code)	AR AS
For further information concerning this matter, please call:	2000 OCT 20 AH II: 06 SECRETARY OF STATE TALLAHASSEE.FLORID 1834-9412
Timothy P Hale	\ 834-9412 \text{PRIST REST. 12}
at (& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	
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

1. The name of the limited liability company as it a of State is: TIMFORD LLC	ppears on the records of the Florida Department
2. This limited liability company was organized un The State of Florida	der the laws of:
3. The Florida document/registration number of thi L08000032442	OCT 2
_{4. I.} Vicki D Hale	hereby region as a Managem
(Print Name of Person Resigning)	(Print-Lille)
of this limited liability company and affirm the li- resignation in writing.	mited liability company has been multied of my
Vicki D. Hale	
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)