L08000037419

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONTORATIO

S. HAWKES
DEC - 2 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ROSS MCGUIRE INVESTMENTS, LLC				
(Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are substilling.	mitted for			
Please return all correspondence concerning this matter to:				
PAULA R. MCGUIRE				
(Contact Person)				
ROSS MCGUIRE INVESTMENTS, LLC				
(Firm/Company)				
3782 HIGHWAY 90				
(Address)				
PACE, FL 32571				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
PAULA R. MCGUIRE at 850 995-0030				
(Name of Contact Person) (Area Code & Daytime Telephone Num	iber)			
Enclosed please find a check made payable to the Florida Department of State for:				
\$25 Filing Fee \$\ Certified Copy				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations	1			
Clifton Building P.O. Box 6327	1.4			
2661 Executive Center Circle Tallahassee, Florida 323 Tallahassee, Florida 32301	14			

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: ROSS MCGUIRE INVESTM	•
	O. C.
2. This limited liability company was organized und STATE OF FLORIDA	er the laws of:
3. The Florida document/registration number of this L08000037419	limited liability company is:
4. I, MICHAEL D. MCGUIRE	, hereby resign as a MANAGER/MEMBER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Michael AM Guise	
Signature of Resigning Member, Managing Memb	er or Manager

CR2E079 (5/06)

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