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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL.		
		•		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATES
AND SECRETAR

C. LEWIS

AUG 3 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
Division of Corporations				
SUBJECT: September's Garden, LLC.				
(Name of Limited L	iability Company)			
The enclosed member, managing member or man- filing.	ager resignation and fee(s) are submitted for			
Please return all correspondence concerning this i	matter to:			
Charles P. Pitman				
(Contact Person)				
September's Garden, LLC.				
(Firm/Company)				
248/5 Monument Rd. #7				
(Address)	·			
Jacksonville, FL 32225				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Charles P. Pitman at (904) 645-5428			
(Name of Contact Person)	Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:				
\$25 Filing Fee	\$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 32314			
Tallahassee, Florida 32301				

CR2E079 (5/06)



FILED

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SECRETARY OF STATE-TAULAHASSEEFFLORIDA

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 ember's Garden, LLC		s of the Florida Department
2. This limited liabilit Florida	y company was organized u	inder the laws of:	
3. The Florida docum L080000391	ent/registration number of t	his limited liability cor	npany is:
4. I, September J	lo Pitman	, hereby resign as a	Vice-President
(Print Nam	e of Person Resigning)		(Print Title)
of this limited liabili resignation in writin	ty company and affirm the	limited liability compa	ny has been notified of my
Signature of Resign	ing Member, Managing Me	mber or Manager	·
Filing Fee:	\$25.00 (Required)	C	
Certified Copy:	\$30.00 (Optional)	•	

CR2E079 (5/06)