## 108000053613

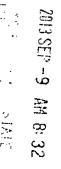
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J. SAULSBERRY EXAMINER

SEPTE ...

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: CCMC F3B, (Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
KARLYN REMMERT	
(Contact Person)	
THE BAYSHORE COMPANY (Firm/Company)	
9331 ADAMO DR. SUITE 200 (Address)	
TAMPA, FL 33419 (City/State and Zip Code)	= (1) = (2)
For further information concerning this matter, please	e call:
(Name of Contact Person) at (81)	3 ) 579-8220 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fig. \$25 Filing Fee	orida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	- ·	ds of the Florida Department
	lity company was organis	zed under the laws of:	·
	ment/registration number	r of this limited liability co	ompany is:
(Print No	ome of Person Resigning) bility company and affirm		a MANAGING MEMBER (Print Title) cany has been notified of my
61 (6)			•
Signature of Resignature Filing Fee: Certified Copy:	gning Member, Managing \$25.00 (Required) \$30.00 (Optional)	ş Member or Manager	2013 SEP -9 AM 8: