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(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone #	<i>‡</i>)	
PICK-UP	☐ WAIT	MAIL	
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EXAMINER

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
	_	
SHRI	TECT: PortSolo Project (Natoe of Limit	
SUD	(Natoe of Limit	ted Liability Company)
	·	
	, ,	manager resignation and fee(s) are submitted for
filing.	•	
Please	e return all correspondence concerning t	his matter to:
	1 7	
	(Contact Person)	
	(Contact Person)	
	0010	
	Port Solio Project (Firm/Company)	
	(Firm/Company)	
	100 N Copper St. A	0+ 2
	(Address)	
	USB, FL 32169 (City/State and Zip Code)	
	(City/State and Zip Code)	
For fi	urther information concerning this matte	r, please call:
		,
	To Slepher	102 613.7819
	(Name of Contact Person)	at <u>886</u>) <u>663 - 28(8</u> (Area Code & Daytime Telephone Number)
	(Nume of Contact Person)	(The code a payame relephone rumous)
Enclo	sed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	
		Certified Copy
STDI	EET/COURIER ADDRESS:	MAILING ADDRESS:
	stration Section	Registration Section
_	ion of Corporations	Division of Corporations
Clifto	n Building	P.O. Box 6327
2661	Executive Center Circle	Tallahassee, Florida 32314
Tallal	hassee, Florida 32301	

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 appears on the records of the Florida Department of State is: Portfolio Project (c.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, <u>Far C Schaber</u> , hereby resign as a <u>Manager</u> (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy:

10 JAN -4 PM 2: 05