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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COMMUNITY MAN	SOLUTION SOLUTION
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
NANCY C. McCann (Contact Person)	
COMMUNITY MANAGEMENT (Firm/Company)	SOLUTIONS
3750 SILVER BLUFF BLU	10. #305
ORANGE PARK FC 32 (City/State and Zip Code)	565
For further information concerning this matter, plea	se call:
Name of Contact Person) at (Ar	904) 619-1881 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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08 JUL 18 AM11: 45

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

1. The name of the of State is:	limited liability c		='			-
2. This limited liab	lity company was	_		of:		
3. The Florida docu	ment/registration			ility comp	any is:	
of this limited liab resignation in wri	oility company an ting.	d affirm the limi	ited liability			
Signature of Resi	gning Member, M			ger		
Filing Fee: Certified Copy:						