## 1200010021

. (Address)  (Address)  (City/State/Zip/Phone #)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

JUN 2 4 2008

**EXAMINER** 



100131479461

06/23/08--01043--021 \*\*80.00

08 JUN 23 PM 4: 01

DIVISION OF CORPORATION

## **COVER LETTER**

Division of Corporations	
SUBJECT: CONDOCHAMP I, LL	_C
	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Ben Atkins	
(Contact Person)	<del></del>
CONDOCHAMP I, LLC	
(Firm/Company)	
1022 Main Street Suite H	
(Address)	
Dunedin, Fl 34698	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Ben Atkins	at ( 727 ) 224-9874
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to the Florida Department of State for:    State for:   State for:   State for:   Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee Florida 32301	i ununussee, i tottuu 525 i

CR2E079 (5/06)

TO: Registration Section



## 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 i of State is: CONDOCHAMP I, LLC	t appears on the records of the Florida Department
2. This limited liability company was organized Florida	under the laws of:
3. The Florida document/registration number of L08000060021	this limited liability company is:
<sub>4. I,</sub> Joseph Adam Garff	, hereby resign as a MGMR
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signature of Resigning Member, Managing M	ember or Manager
	Source et

\$25.00 (Required)

\$30.00 (Optional)

08 JUN 23 PM 4: 01

CR2E079 (5/06)

Filing Fee: Certified Copy: