## 40400801

(Requestor's Name)				
(Ad	dress)			
(6.1	di e N			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	S OI Status		
Special Instructions to	Filing Officer:			
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G. MCLEOD

MAR - 5 2009

**EXAMINER** 



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SECRETARY OF CALL ATLAN

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Dougherty & Dougherty	Investigations, LLC
The enfiling.	<del></del>	manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning t	his matter to:
Dare	el Dougherty	
Dou	(Contact Person)  gherty & Dougherty Investiga  (Firm/Company)	tions, LLC
PO	Box 623 (Address)	
Man	go, FL 33550 (City/State and Zip Code)	
For fu	orther information concerning this matte	r, please call:
Dare	el Dougherty (Name of Contact Person)	at (813) 220-1431 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to \$25 Filing Fee	
Regis Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as ougherty & Dougherty	- •	-
2. This limited li Florida	ability company was organized	under the laws of:	
3. The Florida do L080000	ocument/registration number of	this limited liability con	npany is:
· -	Y. Dougherty  It Name of Person Resigning)	, hereby resign as a	Manager/Member (Print Title)
	liability company and affirm the		
Signature of R	h Myhuff csigning Member, Managing M	Iember or Manager	
Filing Fee:	\$25.00 (Required)		<b>0</b>

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Certified Copy:

\$30.00 (Optional)