# LD8000069731

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





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SECRETARY OF STATE
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LandQwest Asset Recover	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Rokki Rogan	
(Contact Person)	
LandQwest Asset Recovery	
(Firm/Company)	
5245 Big Pine Way Suite 102	
(Address)	<del> </del>
Ft Myers, FL 33907	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Rokki Rogan at	(_239_) 823-5500
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<del>_</del>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as in dQwest Asset Recov	• •	of the Florida Department
-	ility company was organized		•
3. The Florida docu	ment/registration number of	this limited liability con	npany is:
L08000069		<del>.</del>	
4. I. Stephen A	Cunningham	, hereby resign as a	Manager/Member
(Print N	ame of Person Resigning)		(Print Title)
resignation in wri	Mu / Linni	flor	ny has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing Member,	émber or Manager	