L08000000297

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2.2
Certified Copies Certificates of Status
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**\$5.00

SECRETARY OF STATE
JIVISION OF CORPORATIONS

09 SEP 25 AN ID: 38

T. HAMPTON

SEP 2 8 2009

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

SUBJECT: Florida Playsystems, LLC (Name of Limited Liability Company)		
tion and fee(s) are submitted for		
718-4279 Daytime Telephone Number)		
Daytime Telephone Number)		
partment of State for: 5 Filing Fee & Certified Copy		
AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314		



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 of State is: Florida Playsystems, LLC	appears on the records of the Florida Department
2. This limited liability company was organized u Florida	nder the laws of:
3. The Florida document/registration number of the L08000070297	nis limited liability company is:
4. I, Constance A Brown	, hereby resign as a Managing Member (Print Title)
	imited liability company has been notified of my
Constance A-Brown	<u></u>
Signature of Resigning Member, Managing Mer	nber or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

SEGRETARY OF STATE STATE OF CORPORATIONS

09 SEP 25 AN ID: 38