L08000078437

(Requestor's Name)
(Address)
•
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fakh Nama)
(Business Entity Name)
(Document Number)
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2010 DEC 27 PH 3: 22

J. SAULSBERRY EXAMINER DEC 2 8 2010

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Shoreline Development Comment of the limits				
(Name of Limited	d Liability Company)			
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitte	ed for		
Please return all correspondence concerning this	is matter to:			
Merle E. Seamon				
(Contact Person)				
Shoreline Development Consultant	ts, LLC	2010 DEC		
(Firm/Company)	12	멾		
331 Anclote Road, Suie 105	7 m m m	C27		
(Address)	المارية			
Tarpon Springs, FL 34689	(m) (1) (m) (m) (m) (m) (m) (m) (m) (m) (m) (m	. ુ : 2		
(City/State and Zip Code)	. 2	N		
For further information concerning this matter,	please call:			
Merle E. Seamon	_{.t (} 727) 243-1493			
(Name of Contact Person)	(Area Code & Daytime Telephone Number))		
Enclosed please find a check made payable to to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & 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	Registration Section Division of Corporations P.O. Box 6327		
Tallahassee, Florida 32301				

CR2E079 (5/06)

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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 a of State is: Shoreline Development Co		f the Florida	
2. This limited liability company was organized ur Florida	nder the laws of:		NO DEC 27 P
3. The Florida document/registration number of th L08000078437	is limited liability compa	any is:	PH 3: 22
4. I, Costa S. Vatikiotis (Print Name of Person Resigning)	, hereby resign as a _N	Manager &	Member
of this limited liability company and affirm the li resignation in writing.	mited liability company	has been not	ified of my
Signature of Resigning Member, Managing Mem	hber or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			