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SECRETARY OF STATE A

C. LEWIS
SEP 2.5 2009
EXAMINER

### **COVER LETTER**

**Division of Corporations** The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

### STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations

A Glifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

1. The mathe of the li	imited liability compa	ny as it appears on the recor	ds of the Florida Department
		en, UC	<del>-</del>
2. This limited liabil. The Sta	ity company was orga	unized under the laws of:	
	080007	ber of this limited liability c <u>2610</u> .	
4. I, Schland	Gierum ne of Person Resigning)	, hereby resign as	a Might (Mint Title)
	lity company and affi		pany has been notified of my
Signature of Resignature	ning Member, Manag	ing.Member or Manager	
Riling Fee: Certified Copy:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 65/06)