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SECRETARY OF STATE
SNOW WHASSEE, FI ORIDA

T. CLINE DEC 15 2011

EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Corporations			
SUBJECT: ANDAMAR PROPE	ERTIES, LLC		
(Name of Lim	ited Liability Company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	this matter to:		
YOLANDA SALAS (Contact Person)			
(Contact Person)	<del></del>		
	్రో <b>గ</b> ు		
(Firm/Company)			
6724 S. LAGOON DR (Address)	SECRETARY		
(Address)			
PANAMACITY, FL 32 (City/State and Zip Code)	ECRETARY OF STATE LUMPH ASSEE. FLORIDA		
(City/State and Zip Code)	P		
For further information concerning this matte	er, please call:		
	n (850 ) 238 - 5977		
(Name of Contact Person)	at (850) 238 - 5977 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to			
\$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Jour Lacounty Comer Choic	1 ananassee. 1 1011ua 323 14		

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability co		opears on the records	of the Florida D	<b>)</b> epartm	ient 
2. This limited liab	ility company was	_	ler the laws of:			
	ument/registration i		limited liability com	pany is:		
	oility company and		, hereby resign as a _			
Signature of Resi Filing Fee: Certified Copy:		ed)	per or Manager	SECRETARY OF STA	2011 DEC 14 REVIO	