#108000087094

(Requestor's Name)	-					
(Address)						
(Address)	_					
(City/State/Zip/Phone #)	_					
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(Document Number)						
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COVER LETTER

CR2E079 (5/06)

то:	Registration Section Division of Corporations			
SUBJ	JECT: M.R. WILSON (Name of	ムして of Limited Liability Cor	npany)	
The e	nclosed member, managing memb	oer or manager resig	nation and	fee(s) are submitted for
Please	e return all correspondence concer	ming this matter to:		
MA	PRK WIL GON (Contact Person)		_	
<u>M. 1</u>	R- WILSON LLC (Firm/Company)		-	
211	E. BEARSS AVE	# 332	.	
-	. (Address)	<i></i>		
TAM	(City/State and Zip Code)	33613	-	
For fu	orther information concerning this	matter, please call:		
Ric	HARD BRAY	at (8/3	H04	4952
Enclo	(Name of Contact Person) sed please find a check made paya		-	relephone Number)
Billio	\$25 Filing Fee		55 Filing For Certified	ee &
	EET/COURIER ADDRESS: tration Section		MAILING Registratio	ADDRESS:
Divisi	on of Corporations n Building			Corporations
2661	Executive Center Circle hassee, Florida 32301			e, Florida 32314



FILED

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SLUCK AND A STEP FIRMS.

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	appears on the records of th	e Florida Department
of State is: M	R. WILSON LLC		
	ility company was organized u	nder the laws of:	•
	ument/registration number of the property of t	nis limited liability company	/ is:
4.1, Tereza	P. CHARRETT	, hereby resign as a \mathcal{M}	GRM
(Print N	ame of Person Resigning)		(Print Title)
of this limited liab	oility company and affirm the	imited liability company ha	s been notified of my
resignation in wri	ting.		
	1 .1		
Lement	Harrit		
Signature of Resi	gning Member, Managing Me	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		