# 10800091461

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10/16/08--01012--002 \*\*25.00

FILED 09 OCT 16 AH 10: 06 SECIETARY OF STATE FALLAHASSEE FLORIDA



EXAMINER

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

LEEPEDIA, LLC (Name of Limited Liability Compa SUBJECT:

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JUSTIN LEE

(Firm/Company) 3335 Thistledown LN (Address) Land O'Lakes, FC, 34638 (City/State and Zip Code)

OCT 16 AH LO: FILED

For further information concerning this matter, please call:

JUSTINLEEat (813)967-4820(Name of Contact Person)(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 &

# **STREET/COURIER ADDRESS:**

**Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

Certified Copy

### MAILING ADDRESS:

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

- 2. This limited liability company was organized under the laws of:

FLORIDA 3. The Florida document/registration number of this limited liability company is: n, L \$8 000091461 4. 1, <u>JUSTIN</u> LEE, hereby resign as a <u>Managin</u> (Print Name of Person Resigning), hereby resign as a <u>Managin</u>

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (5/06)

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