## L0000091795

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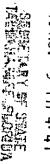
Office Use Only

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tomilo Investment (Name of Limited Liability Co	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Louis A. Stollman (Contact Person)	_
Tomilo Investments LLC (Firm/Company)	_
314 River Edge Rd.	
Jupiter, FL 33477 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
(Name of Contact Person) at (50)  (Area Code	371-9028 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the limited liability company as it appears on the records of the F of State is: Tomilo Investments LLC	lorida Department
2. This limited liability company was organized under the laws of:  State of Florida.	
3. The Florida document/registration number of this limited liability company is:  L08000091755	
4. I, Michael P. Boyd , hereby resign as a Mana (Print Name of Person Resigning) (In this limited liability company and affirm the limited liability company has be resignation in writing	, , , , , , , , , , , , , , , , , , , ,
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	TO N
	DV-9 PM

CR2E079 (5/06)