## - LOSODO99000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				
L. SELLERS				
JAN <b>13</b> 2009				
EXAMINER				

Office Use Only



300140126263

01/12/09--01033--018 \*\*25.00

09 JAN 12 AM 8: 56
SEGREDAN FOR STATE
FALLKHASSEE FLORIDA

09 JAN 12 AN 8:51

woke Those .

1 884 1

January 7, 2009

3 11 14 A

27 82 342 343

Registration Section in the Advances of the Ad

To whom it may concern,

Please allow this form to be the authorization for resignation from the LLC of Naples Monthly. LOBOOOGGOOGGOO

Enclosed is my \$25.00 filing Fee and form.

I ask that I am not on any records or position regarding the Naples Monthly LLC.

If you have any questions or concerns please feel free to contact me in the following ways:

Home Phone: 239-498-2001 Mobile Phone 239-405-1324 FAX 239-498-9059 10110 Brook Ridge Lane Bonita Springs FL 34135 johnturkal@embarqmail.com

## **COVER LETTER**

TO:	_	stration Section sion of Corporations	
SUBJ	ECT:	Naples Monthly LLC	d Liability Company)
		(Name of Limited	Liability Company)
The enfiling.		d member, managing member or ma	anager resignation and fee(s) are submitted for
Please	return	all correspondence concerning this	is matter to:
Johr	ո Tur	kal	
		(Contact Person)	
Napl	les M	lonthly •	
		(Firm/Company)	
101	10 Br	ook Ridge Lane	
		(Address)	
Boni	ita Sp	orings FL 34135-9607	
		(City/State and Zip Code)	
For fu	rther in	nformation concerning this matter, p	please call:
<u>Johr</u>	n Tur	aı	
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to th  √ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
		OURIER ADDRESS:	MAILING ADDRESS:
-		Section	Registration Section
	on of ( n Build	Corporations ling	Division of Corporations P.O. Box 6327
		ing ive Center Circle	Tallahassee, Florida 32314
		Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as les Monthly LLC	it appears on the records of	the Florida Department
2. This limited liab Dept. of Tre	lity company was organized	under the laws of:	
	ment/registration number of	this limited liability compar	ny is:
4. I, John Turka	al	hereby resign as a Re	gistered Agent, Manager Member
(Print N	ame of Person Resigning)	, nereby resign as a	gistered Agent, Manager Member (Print Title)
of this limited liab resignation in wri	oility company and affirm the	e limited liability company l	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O9 JAN 12 A

CR2E079 (5/06)