L08000/00/02

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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J. BRYAN

JUN 2 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Patricia Street Property LCC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Cindy Sheive-Verdier
(Contact Person)

Patricia Street Property

1662 Markel Drive

Winter Garden Fl 34784 (City/State and Zip Code)

For further information concerning this matter, please call:

Cindulerdier at (407) 873-0715
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

12 \$55 Filing Fee \$25 Filing

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

	imited liability company as in atricia 54			partmer	nt O
2. This limited liabil	lity company was organized u	under the laws of:			
1. J. O8 C	ment/registration number of to the line of Person Resigning)	this limited liability comp		~•	
	ility company and affirm the	limited liability compan	y has been notific	ed of my	у
Signature of Resignment of Res	sning Member, Managing Me \$25.00 (Required) \$30.00 (Optional)	ember or Manager	ALL AHASSEE FLORE	12 JUN 22 PH 2: 23	TI