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TALL ANASSEL FLORIDA

B. BOSTICK

OCT 1 0 2013

EXAMINED

COVER LETTER

TO:

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SCROPCI.	IRVEYING & MAPPING, LLC (Name of Limited Liability Company)
The enclosed member, managing filing.	g member or manager resignation and fee(s) are submitted for
Please return all correspondence	concerning this matter to:
William G. Morris, E	sq
(Contact Pers	son)
Law Office of William	
247 North Collier Blv	vd, Suite 202
(Address)	——————————————————————————————————————
Marco Island, FL 34	
(City/State and Z	ing this matter please call:
Barbara Ballard (Name of Contact Person	at (239) 642-6020
·	ade payable to the Florida Department of State for:
STREET/COURIER ADDRE 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



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 l of State is: MA	imited liability company as it a RCO SURVEYING	ppears on the records & MAPPING,	of the Florida Departmen
2. This limited liabil	ity company was organized un	der the laws of: 	
3. The Florida docu L0800010	ment/registration number of thi	s limited liability com	npany is:
4. I, GORDON	LAND	_, hereby resign as a	MGMR
(Print Name of Person Resigning)		_,, ,	(Print Title)
of this limited liab resignation in wri	ility company and affirm the ling.	mited liability compar	ny has been notified of my
Filing Fee:	gning Member, Managing Mem \$25.00 (Required) \$30.00 (Optional)	iber or Manager	ZUI3 OCT -S ARTI: I