U8000110043

(Requestor's Name)				
(Ad	ldress)			
(Address)				
•	,			
(Ca	ty/State/Zip/Phon	o #\		
· •	.y/State/Zip/Pfi0fi	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
•	·	,		
(Dc	cument Number)			
(DC	oument Number,			
Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:			
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07/30/09--01016--001 **25.00 **25.00 **25.00 **25.00 AM 10: SEGRETARY OF STALLAHASSEE, FLO

T. CLINE

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Seeds of Living (Name of Limited Clabi	Hope Counseling S.	<u>e</u> rvius;	LL
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitt	ted for	
Please return all correspondence concerning this mat	ter to:		
Carol Campbell - Norts (Contact Person)			
(Firm/Company)	TAL TAL	200 St	
2908 Dunblane Cour	† AHASS	SECRETARY	***************************************
KISSIMULE Fl. 3474 (City/State and Zip Code)	3	Y OF STATE	
For further information concerning this matter, please	e call:	Em to	
(Name of Contact Person) at (4	207 344-1005 a Code & Daytime Telephone Number	r)	
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1 The server of the Par	-14-4 11-1-114	announ on the reserve of the E	llouide Denoutment
	nited liability company as it ap seds of Living H		
2. This limited liabilit	y company was organized und	ler the laws of:	2009 JUL 30 SECRETAR TALLAHASS
	ent/registration number of this	limited liability company is: -	
	amphell-Norris e of Person Resigning)	, hereby resign as a Mow	a line Membe
of this limited liabili resignation in writir	ty company and affirm the lim	nited liability company has be	een notified of my
Cam	phell-Nortis		
Signature of Resign	ing Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		