

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Cil	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of \$	Status		
Special Instructions to	Filing Officer:			
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G. MCLEOD
FEB 27 2009
EXAMINER



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SECRETARY OF STATE AND AND STATE OF STA



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 of State is:	limited liability company as it appe EART OF GOLD E	ears on the records of	of the Florida Dep SES, LLC	oartme	ent _·
2. This limited liab	ility company was organized under	the laws of:			
	ument/registration number of this ling	nited liability comp	pany is:		
(Print N	L LBUCCHERL, Is ame of Person Resigning)		(Print Title)		-
of this limited liab resignation in wri	pility company and affirm the limite	d liability company	y has been notifie	d of m	ıy
Signature of Resi	gning Member, Managing Member	or Manager	· <u>-</u>	09 JA	DIVISION
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			N 26 PH	10F CHA
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