## 10900000288

(Requestor's Name)	
(Address)	
(Address)	
(13-13-3)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 9 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PGA Flowers & (Name of Limited Liability Company)	L C
The enclosed member, managing member or manager resignation a filing.	nd fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Elcisabet Carlson (Contact Person)	SEC TALL,
PGA Florers LLC (Firm/Company)	MAR-6 A ARETARY O AHASSEE,
S6 11 Gallane Co. (Address)	AM 10: 23 YOF STATE EE, FLORIDA
Word Palm Beach, FL 33 (City/State and Zip Code)	412
For further information concerning this matter, please call:	
Elisa bel Carlson at 56/622 (Name of Contact Person) (Area Code & Daytin	me Telephone Number)
Enclosed please find a check made payable to the Florida Department \$25 Filing Fee \$55 Filing Certification \$25 Filing Fee	
Registration SectionRegistrDivision of CorporationsDivisioClifton BuildingP.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314

Tallahassee, 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

1. The name of the li of State is:	mited liability company as it	appears on the records	of the Florida Department
2. This limited liability	ity company was organized u	nder the laws of:	
209	nent/registration number of th	<i>_</i> .	
4. I, Print Nan	ne of Person Resigning)	_, hereby resign as a	Manacine prember  (Print Title)
	lity company and affirm the li		
10	Man	when an Managar	
Signature of Resign	ning Member, Managing Mer	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	O9 MAR -6 AM 10: SECRETARY OF ST FALLAHASSEE, FLO