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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	4.75
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Special Instructions to	Filing Officer:	
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C. LEWIS

JAN 2-2 2010

EXAMINER

COVER LETTER

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: <u>Tr</u>	HE PAVILION AT Old Spanish Trail, LLC.
2. This limited liab	oility company was organized under the laws of:
,	cument/registration number of this limited liability company is:
4.1, KATHR	Name of Person Resigning), hereby resign as a MANAGER (Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of Res	signing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)