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SECRETARY OF STATE
ANALYSEE, FLORIG

C. LEWIS

MAR 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Owens and Owe (Name of Limited Liabil	ns, LLC lity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Lorri Bell (Contact Person)	
Owens and Owens, LL (Firm/Company)	<u>.</u>
901 W. Warren Ave.	
hongwood, 7L 32750 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Debra Dube at (4) (Name of Contact Person) (Are:	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: 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

CR2E079 (5/06)



FILED 2009 MAR II PM 2: 00 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

	• • •	as it appears on the records o	•
of State is:	Owens and	1 Owens, LLC	·
	ity company was organi: 2 1 D A	zed under the laws of:	
L090	000 119 50	r of this limited liability comp	
4. I, <u>Debr</u>	a Dube	, hereby resign as a	MGR
	lity company and affirm	the limited liability company	
Lleha	Clube	MGR	
Signature of Resigning Member, Managing Member or Manager			
Filing Fee: Certified Copy:			
	• • •		
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CR2E079 (5/06)