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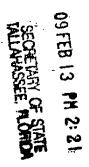
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M. THOMAS
FEB 1 6 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OHer Creek Fa (Name of Limited L	rms LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
David Johnson (Contact Person)	
David R. Johnson (Firm/Company)	AND DESCRIPTION OF THE PROPERTY OF
1265 Hwy. 331 Sou	th 5
Definiak Springs FL (City/State and Zip Gode)	3243 5
For further information concerning this matter, ple	ease call:
Mary Pearce at (Name of Contact Person) (A	850 892-2752 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		y as it appears on the records	s of the Florida Depart	tment
2. This limited liability Florida	ity company was organi	ized under the laws of:	ALL HASS	09 FEB 13
3. The Florida docum	nent/registration numbe	er of this limited liability con	npany is:	PM 2: 21
•	Barrett ne of Person Resigning) lity company and affirm	, hereby resign as a		
resignation in writi	ng.		,	
Signature of Resign Filing Fee:	ning Member, Managing . \$25.00 (Required)	g Member or Manager		·
Certified Copy:	\$30.00 (Optional)			