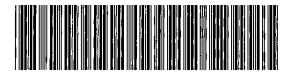
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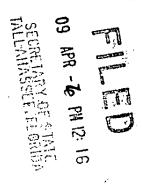
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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S. HAWKES

APR - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRENTWOOD PARK	, LLC d Liability Company)
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Carol A. Westfall	
(Contact Person)	
Waterford	
(Firm/Company)	
16630 N. Dale Mabry Hwy.	
(Address)	
Tampa, FL 33618	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Carol A. Westfall	962-6544
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u>. </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE



	limited liability company as RENTWOOD PARK		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L090000	ument/registration number of 16546	this limited liability com	npany is:
4. I, Carol A.	Westfall	, hereby resign as a	MGRM
	Jame of Person Resigning)	<u></u> ,,,	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been notified of my
\mathcal{C}	igning Member, Managing M	J	
Signature of Res	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		