# 209000017495

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
. •
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE

A. LUNT
JAN 15 2010
EXAMINER



October 29, 2009

LYNN NOVAK 1411 EUCLID FT. MYERS, FL 33917-3420

SUBJECT: STATELY ENTERPRISES, LLC

Ref. Number: L09000017495

We have received your document for STATELY ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 909A00034238

Agnes Lunt Regulatory Specialist II

11/12/09

Attention: Agnes Lunt

Re: Stately LLC

4 Pages including cover page

I over paid by \$10.00, a check can be mailed to me at the same address:

Lynn Novak 1411 Euclid Ave. North Fort Myers, FL. 33917-3420

Thank You,

Lynn Novak

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Stately Enterorses LIC' (Name of Limited Liability Company)	· · · · ·
The enclosed member, managing member or manager resignation and fee(s) are subnfiling.	nitted for
Please return all correspondence concerning this matter to:	
Lynn Jojak (Contact Person)	
(Contact Person)	
Stately Enter prises	
13031 Metro Parkway	
Fort Mys FL 33912 (City/State and Zip Code)	
For further information concerning this matter, please call:	•
LYNN NOV Sk at (954) 305 - 6934  (Name of Contact Person) (Area Code & Daytime Telephone Num	nber)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy	

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### **Cover Letter**

To: Amendment Section

**Division of Corporation** 



Subject: Stately Enterprises, LLC					
(Corporation name)					
Document Number: L09000017495					
The enclosed Officer/Manager Resignation for a Lin submitted for filing.	nited Liability Corporation and fee are				
Please return all correspondence concerning this m	atter to:				
Lynn novak					
Lynn Novak					
(Name)					
1411 Euclid / .	265 S, Federal HWY #176				
(Current Address)	(Former Address)				
Fort Myers, FL. 33917-3420 /	Deerfield Beach, Ft. 33441				
(Current City, State and Zip Code)	(Former City & State & zip)				
For further information concerning this matter, pleas	se call:				
Lynn Novak at: (954)-305-6934					
Name of person (Area Code and daytime phone number)					

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

Mailing address
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL. 32314

H/We Cry



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company			Forida Department
2. This limited liab	lity company was organ	ized under the law	vs of:	RY OF STA
	ment/registration number 00017495	· · ·	iability company is resign as a	1.4
of this limited lial resignation in wr	ame of Person Resigning)  pility company and affirm  ting.		t	(Print Title)
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managir \$25.00 (Required) \$30.00 (Optional)	•	5,00 Mone	y Oraten

CR2E079 (5/06)