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. (Re	equestor's Name)	
. (Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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DIVISION OF BORPERATIONS

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8. Redock AUG 14 2009

COVER LETTER

Division of Corporations			
SUBJECT: Springs Grove LLC (Name of Limited Liability Company)			
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for		
Please return all correspondence concerning this matt	ter to:		
Concesta Lupardo (Contact Person)			
Professional Business Soluti	<u>305</u>		
141 NW 20th Street (Address)	· ·		
Boca RAton FL 33431 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (50)	(01) 393 - 9802 a Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DENTITION OF BORF CHARGON

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

		ppears on the records of the Florida Department
of State is:	Springs Group, LI	<u> </u>
	ility company was organized und	
FL		<u>-</u> :
3. The Florida docu	ment/registration number of thi	s limited liability company is:
_L090	00017888	·>
- · · · · · · · · · · · · · · · · · · ·		
4. I, <u>ROBER</u>	T LABAR	_, hereby resign as a MGR (Print Title)
(Print No	ame of Person Resigning)	(Print Title)
	• •	nited liability company has been notified of my
resignation in wri	ting.	
Signature of Resignation	gning Member, Managing Mem	ber or Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	