

**LO9000025541**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

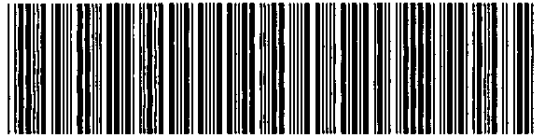
(Business Entity Name)

(Document Number)

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10 JAN 13 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
JAN 14 2010  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Community Advisors, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles R. Sheppard  
(Contact Person)

Community Advisors, LLC  
(Firm/Company)

4600 Touchton Rd Building 100, Suite 150  
(Address)

Jacksonville, FL 32246  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles R. Sheppard at ( 904 ) 565-2917  
(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 &  
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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Community Advisors, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L09000025541

4. I, Alan R. Tillery, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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10 JAN 13 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)