

L09000027388

(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:

Office Use Only



400202937554

05/02/11--01024--007 \*\*55.00

FILED

11 MAY -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY - 5 2011  
EXAMINER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: LABELLE GROVES 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:**

**DONNA HOLDSWORTH**

(Contact Person)

(Firm/Company)

1000 W 15 STREET

(Address)

LEHIGH ACRES, FL 33972

(City/State and Zip Code)

**For further information concerning this matter, please call:**

**DONNA HOLDSWORTH**

(Name of Contact Person)

at ( 954 ) 298-7425

(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**

CR2E079 (5/06)

FILED  
11 MAY -2 PM 2:51  
SEATTLE  
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: LABELLE GROVES 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:  
L09000027388

4. I, DONNA HOLDSWORTH, hereby resign as a MEMBER / 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

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

FILED  
11 MAY - 2 PM 2:51  
TALLAHASSEE, FLORIDA