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(Re	equestor's Name)	
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Certified Copies	_ Certificate	
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FI OBJE

D. BRUCE
JUN 2 3 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as IS Investment Proper		s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci 	ument/registration number of 2394	this limited liability con	npany is:
4. I, S. Kero Far	nily Revocable Living Truame of Person Resigning)	ust_, hereby resign as a	managing member and member (Print Title)
of this limited lia resignation in wr	pility company and affirm the iting.	e limited liability compa	ny has been notified of my
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILE 09 JUN 22 PHI SECRETARY OF S TALLAHASSEE, FLU

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