40000034814

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
(Oity/Otate/21p/1 Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



400156557864

06/02/09--01011--020 **25.00

TILE 5
2009 JUN -1 PM 12: 31
SECRETARY OF STATE

T. CLINE

JUN - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DAVIE LAW GROUP, (Name of Lin	PL nited Liability Company)	
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submi	tted for
Please return all correspondence concerning	this matter to:	
CHRIS PATTERSON		
(Contact Person)		
DAVIE LAW GROUP, PL		
(Firm/Company)		201 TA
6570 Griffin Road, Suite 105		2009 JUN - 1 PM 12: 3 SECRETARY OF STATE TALLAHASSEE. FLORI
(Address)		N-1 PI HASSEE.
Davie, Florida 33314-4391		PR
(City/State and Zip Code)		IZ: 3
For further information concerning this matt	er, please call:	DE -
Chris Patterson	_at (954) <u>558-1039</u>	
(Name of Contact Person)	(Area Code & Daytime Telephone Numb	er)
Enclosed please find a check made payable a \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	<u> </u>
Tallahassee, Florida 32301	i anamassos, i fortad 52517	•

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it AVIE LAW GROUP, PL	appears on the records of t	he Florida Department	
2. This limited lia	bility company was organized u	nder the laws of:		-
3. The Florida do L0900003	cument/registration number of the 36814	nis limited liability compan	y is:	
of this limited li resignation in w	Name of Person Resigning) ability company and affirm the l		(Print Tith) S	T F F
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)