L09000038332

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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11 NOV 10 PH 3:58

B. BOSTICK
NOV 1 4 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Thornton Central Properties	·	
(Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted fo	or
Please return all correspondence concerning this matter to:		
Kenneth Nielson		
(Contact Person)	-	
Thornton Central Properties, LLC	_	
(Firm/Company)	-	
901 East Washington Street	للادر الادر	
(Address)		3
Orlando, FL 32801	ASSE	
(City/State and Zip Code)		
For further information concerning this matter, please call:	FLORIC	1 NOV 10 PH 3: 58
Kenneth Nielson at (407	247 - 2788	
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 855 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the li of State is: THO	mited Hability company as it RNTON CENTRAL P	appears on the records of the Florida Department ROPERTIES, LLC	it		
2. This limited liabil FLORIDA	ity company was organized u	nder the laws of:			
3. The Florida docum L090000383		nis limited liability company is:			
4. I, ROBERT W	/. HAGAN no of Person Resigning)	, hereby resign as a Managing Membe	r		
	lity company and affirm the l	lmited liability company has been notified of my			
Kase	X Wittas	iar	TAL SE		
Signature of Resign	ning Member, Managing Mer	nber of Manager		AON I	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SSEE	0	E fallose O TRANS C TOTAL PROPERTY
			FLOR	<u>P</u> ယ္	rizena Lize
*******			ATE RIDA	CO CJ	
CR2E079 (5/06)					