# L09000038670

(Re	equestor's Name)			
(ive	,445500, 5 (141110)			
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(Cit	ty/State/Zip/Phone #			
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)	1		
Ос	ocument Number)			
(5.5	,			
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SECRETARY OF STATE DIVISION OF CORFCRATION

C. LEWIS

DEC -4 2012

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 27, 2012

DONNA DUNCAN, ATTORNEY / SANDERS AND DUNCAN, PA PO BOX 157 APALACHICOLA, FL 32329

SUBJECT: THE APALACHICOLA BOWERY GROUP, LLC

Ref. Number: L09000038670

We have received your document for THE APALACHICOLA BOWERY GROUP, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

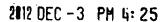
Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00028181

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Apalachicola E		
(Name of Limited	Liability Comp	any)
The enclosed member, managing member or managing.	nager resign	ation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:	
Donna Duncan, Attorney		
(Contact Person)		
Sanders and Duncan, P.A	i.e.	
(Firm/Company)		
P.O. Box 157		
(Address)		
Apalachicola, FL 32329		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Donna Duncan	<sub>.</sub> (850	653-8976
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida D	epartment of State for:
\$25 Filing Fee		555 Filing Fee &
·		Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (5/06)





### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as Apalachicola Bowery (		of the Florida Department		
2. This limited liabi Florida	lity company was organized	under the laws of:	Mai e		
3. The Florida docu L09000386	ment/registration number of	this limited liability com	pany is:		
4. I, Leo Bebeau		hereby resign as a	, hereby resign as a MGRM		
(Print Name of Person Resigning)		,	(Print Title)		
of this limited liab	oility company and affirm the ting.	e limited liability compan	y has been notified of my		
Signature of Resi	gning Member, Managing M	lember or Manager	and the second		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ı			

CR2E079 (5/06)