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EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: The Good Earth of No	orthwest Flo	rida, LLC		
SCENECT:	mited Liability Con			
The enclosed member, managing member of filing.	or manager resig	nation and fee(s) are submitted for		
Please return all correspondence concerning	g this matter to:			
Jennifer Jernigan		د-ر		
(Contact Person)		200		
The Good Earth of Northwest F	lorida II C			
(Firm/Company)	iorida, LLC	- 500		
(Pinis Company)		74-5 (75-c)		
491 Old Beach Road		1400 (1766) 144 (1767) 144 (1767)		
(Address)		22		
Santa Rosa Beach, Florida 324	59	,		
(City/State and Zip Code)		_		
For further information concerning this ma	tter, please call:			
Jenny Jernigan	_{at (} 850	<u>)</u> 419-1164		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: 655 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
egistration Section Registration Section		U		
Division of Corporations		Division of Corporations		
Clifton Building	, who	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	* T	Tallahassee, Florida 32314		
rananassee, munua 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

	limited liability company as it as Good Earth of Northw		he Florida Department
	lity company was organized ur		JAN 12 PH 12: RETARY OF SE AHASSEE, TLO
3. The Florida docu L0,9000047	ment/registration number of th	is limited liability compan	28
ennifer Je <u>المناط</u>	ernigan	_, hereby resign as a MC	GRM
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the li	mited liability company ha	as been notified of my
Tracken	Armogn		
Signature of Resi	gning Member, Managing Men	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		