

L09000051323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA
OF STATE

J. SAULSBERRY
EXAMINER

SEP 30 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FILLMORE MACHINE, LLC
(Name of Corporation)

DOCUMENT NUMBER: LO9000051323

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN A FILLMORE
(Name of Person)

FILLMORE MACHINE LLC
(Name of Firm/Company)

4448 10th AVE NE
(Address)

NAPLES, FL 34120
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN FILLMORE at (239) 825-8528
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FILLMORE MAGNIVE LLC

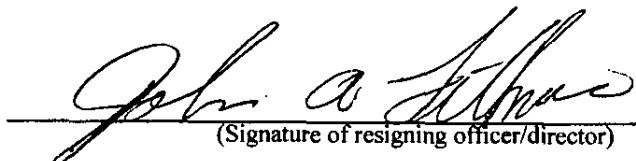
2. This limited liability company was organized under the laws of:

STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:

L09000051323

4. I, JOHN A FILLMORE, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)


(Signature of resigning officer/director)

Certified Copy: \$30.00 (Optional)

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