L09000052468

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DESA TILLA TO STATE
DIVISION TO CORTORATIONS
TALLAMASSEE FLORIDA

RECEIVED

FILED

SECRETARY OF STATE

C. LEWIS

MAY 2 4 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2010

NATALY STUART NATURE'S SHADE, LLC 6120 SR 471 BUSHNELL, FL 33513

SUBJECT: NATURE'S SHADE, LLC

Ref. Number: L09000052468

We have received your document for NATURE'S SHADE, 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00011902



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2010 MAY 21 PM 4: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 ture's Shade, LLC | it appears on the records of | the Florida Department |
|--|--|-------------------------------------|-------------------------|
| 2. This limited liab Florida | ility company was organized | under the laws of: | |
| 3. The Florida doc L09000052 | ument/registration number of 2468 | this limited liability compartment. | ny is: |
| _{4. I,} Lynn Gainey | | , hereby resign as a M | GRM |
| (Print Name of Person Resigning) | | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the iting. | e limited liability company h | nas been notified of my |
| Lyn | w Sainer | | |
| Signature of Res | igning Member, Managing M | lember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |