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	(Requestor's Name)
	(Address)
	(Address)
	(Address)
•	(City/State/Zip/Phone #)
PiCK-U	P WAIT MAIL
ш	
	(Business Entity Name)
	(Document Number)
	(Social Control Contro
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Villages Fur (Name of Limited Liabi	1 Center LLC lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
Anthony Torri (Contact Person)	<u>.</u>
(Firm/Company)	
4410 NE 83rd Rd	
(Address)	
WILDWOOD, FL 3478 (City/State and Zip Code)	<u>5</u>
For further information concerning this matter, pleas	e call:
Anthony Torri at 3 (Name of Confact Person) (Are	52 330-5900 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flank \$25 Filing Fee	orida Department of State for: \$55 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

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		appears on the records of the F	
	y company was organized u	nder the laws of:	
	ent/registration number of th	nis limited liability company is:	
4. I, Anthol (Print Nam	NU TOYVI e of Derson Resigning)	, hereby resign as a VICE	<u>President</u> Print Tille)
of this limited liabilitesignation in writing		imited liability company has be	en notified of my
alking	an		
Signature of Resign	ing Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		09.0 TALL

CR2E079 (5/06)