

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
·	ocument Number)	
(= -	,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JUL 2 0 2010

EXAMINER



700183350377

07/16/10--01023--028 **55.00

COVER LETTER

CR2E079 (5/06)

TO: Registration Section		
Division of Corporations		
SUBJECT: Prissy Pahley, LLC		
	imited Liability Co	ompany)
	,	
The enclosed member, managing member filing.	or manager resi	gnation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to	:
Nancy DeMarchi		
(Contact Person)		
Prissy Pahley, LLC		
(Firm/Company)		_
15646 Messina Isles Court		
(Address)		_
		~
Delray Beach/Florida 33446		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call	:
_	•	
Nancy DeMarchi	at (561) 7892625
(Name of Contact Person)		e & Daytime Telephone Number)
Englaced places find a shock made payable	a to the Elevide	Danastmant of State for
Enclosed please find a check made payabl \$25 Filing Fee		•
		\$55 Filing Fee & Certified Copy
- · · ·		Common 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		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company assy Pahley, LLC	s it appears on the r	ecords of the	Florida Department	
2. This limited liab	oility company was organize	d under the laws of	:		
3. The Florida doc L0900005444	ument/registration number o	f this limited liabili	ty company i	S:	,
4. I, ERIN GLASS	3	, hereby resig	n as a MGRN	М	
(Print Name of Person Resigning)		, nereby resign	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability c	company has	been notified of my	
Oun	las		_		
Signature of Res	igning Member, Managing M	Member or Manager	r		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		<u> </u>	TO JUL 1'6 AMII:	

CR2E079 (5/06)