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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Middle ton Caw Firm, P. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Anna Middleton (Contact Person)
The Middleton Law Firm, P. L.
900 River Reach Dr. #211
Ft. Lauderdate, FL 333LS (City/State and Zip Code)
For further information concerning this matter, please call:
Anna Middleton at (964) 22402520 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 of State is:	limited liability company as Ne Middlet	it appears on the records	of the Florida Depart	iment
2. This limited liab	ility company was organized	d under the laws of:		
L0900	iment/registration number o			
	wc. Middle for ame of Person Resigning) pility company and affirm the iting.			
Mal	gning Member, Managing N		SECRE TALLAH	10 0C1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY OF STATE ASSEE, FLORID,	

CR2E079 (5/06)