L0900063576

· (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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10 JUL -1 AH II: 18
SECRETARY OF STATE
SECRE

COVER LETTER

Division of Corporations	÷ :
SUBJECT: On Polymer (Name of Limited	Liability Company)
The enclosed member, managing member or ma	nager regionation and fee(s) are submitted for
filing.	nager resignation and rec(s) are submitted for
Please return all correspondence concerning this	matter to:
Darra A. Smith	<u> </u>
(Contact Person)	
	• • • • • • • • • • • • • • • • • • •
	<u> </u>
(Firm/Company)	
189 Park Land Dr.	
Lake Placid =L 334 (City/State and Zip Code)	140
For further information concerning this matter,	please call:
	(727) 235-186 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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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

1. The name of the	e limited liability company as i		cords of the Florida Departme	ent
of State is:	DAL Partner	s. 11 c		
			1	
2. This limited lial	bility company was organized	under the laws of:		
	lorida	- -	•	
3. The Florida doc	cument/registration number of	this limited liability	company is:	
	00063576			
		,		
4. I, Oarr	***	, hereby resign	as a Managine m	ember
(Print)	Name of Person Resigning)		(Print Ti de)	
	ability company and affirm the	limited liability co	mpany has been notified of n	ny
resignation in w	riung.	•		
		∛ ⊌ •	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of Res	gning Member, Managing Me	ember or Manager		7-2010
5.g			6-2	1-2010
	7.			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)	,	•	