

109 0000 87092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

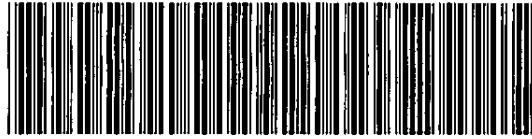
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800160910528

09/24/09--01013--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 24 AM 10:43

FILED

T. CLINE

SEP 25 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St Lucie property preservation LLC  
(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:

Joel Newman  
(Contact Person)

St Lucie property preservation  
(Firm/Company)

4175 SW Macad St  
(Address)

St Lucie FL 34953  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 24 AM 10:43

FILED

For further information concerning this matter, please call:

Joel Newman at 772, 919-5222  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department of State is: St Lucie property preservation LLC
2. This ~~limited~~ liability company was organized under the laws of: Florida
3. The Florida document/registration number of this limited liability company is: L09000087092
4. I, Jaclyn M Ellwood, hereby resign as a manager  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jaclyn Ellwood  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2009 SEP 24 AM 10:4  
SECRETARY OF  
TALLAHASSEE, FL

FILED