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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

BEP 3 9 2911

EXAMMER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: RiverBend Group of Jacksonville (Name of Limited Liabil)	ity Company)
(Name of Emitted Liabil	ny Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Christopher Pinnick	
(Contact Person)	
RiverBend Group of Jacksonville	
(Firm/Company)	
403 15th Avenue South	
(Address)	<del></del>
Jacksonville Beach, FL 32250	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please	e call:
Christopher Pinnick at ( 90	94) 655-0374
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	rida Department of State for:
\$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)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as rBend Group of Jacksonv	s it appears on the records of the	e Florida Department	
2. This limited liab	lity company was organized	d under the laws of:		
3. The Florida docu	_	f this limited liability company	is:	
4. I, Lark M. Robert		, hereby resign as a MGF	, hereby resign as a MGRM	
(Print N	ame of Person Resigning)		(Print Title)	
resignation in wri		Member or Manager	s been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2011 SEP Shukel	