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S. HAWKES

JUN 0 8 2010

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: CC+R Museum, (Name of Limited L	LLC iability Company)		
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for		
Please return all correspondence concerning this r	natter to:		
Tim Krebs (Contact Person)			
T.A. KREBS Archted: (Firm/Company)	Inc.		
1460 South McCAI ROAD, Ste 4A			
Englewood FL 34223 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Tim Krebs at ((Name of Contact Person) (A	Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 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		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appears on the records	s of the Florida Department
_	bility company was organized under the laws of:	
	cument/registration number of this limited liability con	mpany is:
4. I, <u>Scott</u> (Print N	D. Foeller, hereby resign as a Name of Person Resigning)	MGR (Print Title)
of this limited lia resignation in wr	ability company and affirm the limited liability compariting.	ny has been notified of my
Signature of Res	signing Member, Managing Member or Manager	
	·	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	