(Requestor's Name)				
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(City/State/Zip/Phone	÷ #)			
PICK-UP WAIT	MAIL			
(Business Entity Nan	ne)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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J. SAULSBERRY EXAMINER APR 1 2011

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC			
	(Name of Limited	Liability Comp	any)
The enclo	osed member, managing member or ma	nager resigna	tion and fee(s) are submitted for
Please ret	turn all correspondence concerning this	matter to:	
Evan H	Humphrey		
	(Contact Person)		
Wingat	te Hotels, LLC		201 S TAI
	(Firm/Company)		
2245 C	Osprey Ave.		2011 MAR 30 SECRETARY I TALLAHASSEE
	(Address)		HQ Z
Orland	o, FL 32814		AH II: 5 OF STATE E. FLORIC
	(City/State and Zip Code)		
For further	er information concerning this matter, p	olease call:	
Evan F	lumphrey at	<u>(407</u>)	432-4686
	(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed	please find a check made payable to th		
	\$25 Filing Fee		5 Filing Fee & Certified Copy
STREET	COURIER ADDRESS:	N	IAILING ADDRESS:
_	ion Section		egistration Section
	of Corporations		livision of Corporations
Clifton B			O. Box 6327
	cutive Center Circle ee, Florida 32301	T	allahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER'S FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it an Humphrey	appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized u	under the laws of:	
3. The Florida doci	ument/registration number of t	his limited liability con 	npany is:
4. I, Evan Hum	phrey ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited lial resignation in wr	bility company and affirm the		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		