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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: LEVERS & JACKSON LAW FIRM (Name of Limited Liability Con		
(Name of Limited Liability Con	трапу)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Angelique Jackson	_	
(Contact Person)		
Law Offices of Angelique Jackson, PLLC	1 DEC 28	
(Firm/Company)	ASS 28	1
6801 Bloomfield Haven Place	Y OF STAT SEE, FLORI	
(Address)	or in	
Seffner, FL 33584	Dni F	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Angelique Jackson at (813	_) 850-9354	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section 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 it a		orida De	partm	ent
of State is: LE'	/ERS & JACKSON LA\	N FIRM, PLLC	Se		*
	ility company was organized ur		CELIARY OF S LAHASSEE, FL	DEC 28 PH 12: 44	
3. The Florida doc L0900009	ument/registration number of th	is limited liability company is:	TATE ORIDA	#	
_{4. I.} Angelique Jackson		, hereby resign as a Manac	ger		_
(Print A	ame of Person Resigning)		rint Title)		
of this limited lia resignation in wr	bility company and affirm the li	mited liability company has be	en notifie	ed of r	ny
V	gning Member, Managing Men	nber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				