## L09000099570

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
(2000)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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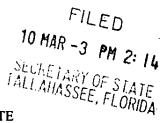
NEURETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Absher Enterprizes LLC	1 Liability Company)
(Name of Limited	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Roy J. Robinson Jr.	
(Contact Person)	<del></del>
(Firm/Company)	
6641 Barney Road	
(Address)	· · ·
Jacksonville, FL 32219	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Roy J. Robinson Jr.	, 904 <sub>)</sub> 627-4195
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida 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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

<del></del> -			
	limited liability company as sher Enterprizes LLC	it appears on the records of the	he Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu L09000099	ument/registration number of 9570	this limited liability compa	
4. I, Roy J. Rol	oinson Jr.	, hereby resign as a MC	SR (District)
•	oility company and affirm the	e limited liability company ha	•
lyth	Sogn.		
Signature of Resi	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		