## 1. 09000102896

(Re	equestor's Name	)
(Ac	ldress)	
<u>``</u> (Ac	ldress)	
· (Ci	ty/State/Zip/Phor	ne #)
		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
	·	
Office Use Only		



08/11/10--01006--017 \*\*50.00





## **COVER LETTER**

TO: Registration Section Division of Corporations

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<u>.lc</u> **SUBJECT:** of Limited Liabil (Name

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Contact Person irm/Compan ddress) (City/State and Zip Code)



For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$55 Filing Fee & Certified Copy

## **STREET/COURIER ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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**

- 2. This limited liability company was organized under the laws of:

na

3. The Florida document/registration number of this limited liability company is:

4. I hereby resign as a (Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)



CR2E079 (5/06)