## L09000103397

(Re	questor's Name)	
(Ad	dress)	_
(Ad)	dress)	
(ru	u1633)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(100	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS

JUN 1 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations				
SUBJECT: OH 40, LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for			
Please return all correspondence concerning this r	natter to:			
EdWARd Humbert (Contact Person)				
OH 10, LLC (Firm/Company)				
12841 TerAbellA WAY	· · · · · · · · · · · · · · · · · · ·			
TORT Myers, FL 339 (City/State and Zip Code)	12			
For further information concerning this matter, pla	ease call:			
Renee Humbert at (Name of Contact Person) (A	239) 565-7551 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 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

I. The name of the	limited liability company as it appear	rs on the records	of the Florida Department
of State is:	OH 10, LLC		
			•
2. This limited liab	oility company was organized under th	ne laws of:	
FLOR	idA		
	ument/registration number of this limit	ited liability com	pany is:
L09	000103397		
	,		
4.1. Desmoi	Nd Stutzman, her	reby resign as a	MGRM
(Print N	lame of Person Resigning)		(Print Title)
of this limited liab	bility company and affirm the limited	liability company	y has been notified of my
resignation in wr	iting.		
• 1			
7/	<del></del> .		
Signature of Resi	igning Member, Managing Member o	r Manager	
		<b>3</b>	
	,		
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		
	• •		