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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: SANTUCCI, PRIORE & LONG, P.L.

Account Number : I20090000107

: (954)351-7474 : (954)351-7475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



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C. LEWIS

AUG 3 0 2010

EXAMINER

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT: SANTUCCI, PRIORE & LONG, P.L. n/k/a/ SANTUCCI PRIORE, P.L. (Name of Limited Liability Company)			
The end	closed member, managing member or mana	ger resignation and fee(s) are submitted for	
Please 1	return all correspondence concerning this n	natter to:	
JOSE	EPH V. PRIORE, ESQ. (Contact Person)	·	
SANT	UCCI, PRIORE & LONG, P.L.	·	
200 SOUTH ANDREWS AVENUE, SUITE 100 (Address)			
FORT	LAUDERDALE, FLORIDA 333 (City/State and Zip Code)	01	
For further information concerning this matter, please call:			
JOSE		954 351-7474 rea Code & Daytime Telephone Number)	
Enclose	d please find a check made payable to the l	Florida Department of State for: \$55 Filing Fee & Certified Copy	
Registra Division Clifton I	T/COURIER ADDRESS: ation Section of Corporations Building accutive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301

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SECRETARY OF STATE TALLA MASSET, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: SANTUCCI, PRIORE & LONG, P.L. 2. This limited liability company was organized under the laws of:	1. The name of the limited liability company as it app	
-	of State is: SANTUCCI, PRIORE & LON	IG, P.L.
-		
FLORIDA	2. This limited liability company was organized under FLORIDA	r the laws of:
3. The Florida document/registration number of this limited liability company is: L09000105184	-	limited liability company is:
4. I, S. TRACY LONG , hereby resign as a MANAGING MEMBER	4. I, S. TRACY LONG	hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) (Print Title)	(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my		ted liability company has been notified of my
resignation in writing.	resignation in writing.	,
Signature of Resigning Member, Managing Member or Manager	Signature Resigning Member, Managing Member	er or Manager
P:11 - P	P31 - P	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	• • • • • • • • • • • • • • • • • • • •	
Tables (opinion)		