## L09000117804

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
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10/06/11--01016--014 \*\*\$0.00



J. BRYAN

OCT -7 2011

EXAMINER

## **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJEC	$_{ m T:}$ Lizotte and Baughn,	PLLC
	(Name of	Limited Liability Company)
The enclo	osed member, managing membe	er or manager resignation and fee(s) are submitted for
Please ret	turn all correspondence concern	ing this matter to:
Jennife	er A. Lizotte	
	(Contact Person)	
Lizotte	and Baughn, LLC	#240
	(Firm/Company)	五五
5334 C	Central Florida Parkway	, #240 SSA 6
	(Address)	36 -
Orland	o, Florida 32821	
	(City/State and Zip Code)	
For furthe	er information concerning this r	natter, please call:
Jennife	er A. Lizotte	at (407) 982-7624
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payal  \$25 Filing Fee	ole to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
	COURIER ADDRESS:	MAILING ADDRESS:
	ion Section	Registration Section
	of Corporations	Division of Corporations
Clifton B	_	P.O. Box 6327
	cutive Center Circle ee, 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

1. The name of the limite of State is: Lizotte	• • •	• •	ls of the Florida D	epartm	nent 
2. This limited liability of Florida	ompany was organized	d under the laws of:			
3. The Florida document L09000117804	•	of this limited liability co	mpany is:		
<sub>4. I,</sub> Michael Baugh	n	, hereby resign as a	Manager		
(Print Name of	Person Resigning)		(Print Title,	)	
of this limited liability of resignation in writing.	company and affirm th	ne limited liability compa	any has been notif	ied of	my
mossiff					
Signature of Resigning	Member, Managing N	Member or Manager		45	
Filing Fee: \$2	5 00 (Required)			SECRE NLLAH,	E OCT

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)