L09000119646

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

Office Use Only



100163845951

01/26/10--01011--007 **25.00

FILED

10 JAN 26 PM 12: 10

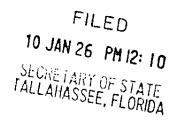
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: MILLVILLE REDEVELO | |
| (Name of Limit | ted Liability Company) |
| The enclosed member, managing member or ifiling. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning t | his matter to: |
| Dion J. Moniz | |
| (Contact Person) | |
| (Firm/Company) | |
| 1305 New Jersey Avenue | |
| (Address) | |
| Lynn Haven, FL 32444 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | r, please call: |
| Dion J. Moniz | at (850) 814-3598 |
| (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: | 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

| | limited liability company as LVILLE REDEVELO | | the Florida Department. |
|--|--|-------------------------------|-------------------------|
| 2. This limited liab | pility company was organized | under the laws of: | |
| 3. The Florida doc L0900011 | ument/registration number of | this limited liability compar | ny is: |
| 4. I, Dion J. Moniz (Print Name of Person Resigning) | | , hereby resign as a M | GR |
| | | | (Print Title) |
| resignation in wi | bility company and affirm the riting. igning Member, Managing M | | as been notified of my |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |