## L10000002303

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-	(Address)	· .
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S. HAWKES

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EXAMINER

## **COVER LETTER**

y Company)
resignation and fee(s) are submitted for
r to:
eall:
1 236-8851
Code & Daytime Telephone Number)
da Department of State for: \$55 Filing Fee & Certified Copy
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 lie	ability company was organized	l under the laws of:
		;
		f this limited liability company is:
L1000000	02202	· •
. <del> </del>		hereby resign as a MGRM
4. I, Larry Mo		hereby resign as a MGRM (Print Title)
4. I, Larry Mo	Skowitz  Name of Person Resigning)  iability company and affirm th	hereby resign as a MGRM (Print Title) e limited liability company has been notified of
4. I, Larry Mo (Print of this limited li	Skowitz  Name of Person Resigning)  iability company and affirm th	(Print Tille)

\$30.00 (Optional)

CR2E079 (5/06)

Certified Copy: