

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

EXAMINER
DEC 1 4 2010



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 it a 54 NORTH ORANGE	ppears on the records of the Florida Department E AVENUE, LLC
2. This limited liab	ility company was organized un	der the laws of:
3. The Florida doci	ument/registration number of thi	s limited liability company is:
4. I, GERARD MITCHELL		_, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning)		(Print Title)
of this limited liad resignation in wr	• •	mited liability company has been notified of my
Signature of Resi	gning Member, Managing Mem	ber or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	