# 11000015048

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

Office Use Only

### G. MCLEOD

AUG - 6 2010

**EXAMINER** 



000163729220

08/06/10--01015--007 \*\*25.00

10 AUG -5 PM 4: 35

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Leun & Tree  (Name of Limited Liability Co	· · · · · ·
(( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<del></del>
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted fo
Please return all correspondence concerning this matter to	<b>:</b>
Janes Christenson (Contact Person)	
(Contact Person)	۲
Lee Laun & Tree (Pirm/Company)	
(Firm/Company)	
23254 Mash Lowling Blod	
City/State and Zip Code)	<del></del>
For further information concerning this matter, please cal	1:
James Christonson at N39	898-2527
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:  \$55 Filing Fee &
\$25 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 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

· · · · · · · · · · · · · · · · · · ·	limited liability company as	s it appears on the records	of the Florida Department
2. This limited liabi	lity company was organize	d under the laws of:	
3. The Florida docu	ment/registration number o	of this limited liability com	pany is:
(Print No	ine of Person Resigning)	, hereby resign as a _	(Print Title)
resignation in wri	pility company and affirm the ting the state of the state		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	viember or wanager	O AUG -5 PM 4: