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## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: CLERON GROUP LLC	nited Liability Company)
(rvaine of Lim	med Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
MARY J. THORNTON	
(Contact Person)	
(Firm/Company)	
5725 GREENWOOD AVE., #410	)1
(Address)	
NORTH PORT, FL. 34287	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	er, please call:
MARY J. THORNTON	at 941 223-1851
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u>.</u>	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



## 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	limited liability company as it:	appears on the records of the Florida Departme
	ERON GROUP LLC	g
of State is,		
2. This limited liab	oility company was organized un	nder the laws of:
3. The Florida doc L10000016	ument/registration number of th 3105	
4. I, MARY J. 7	THORNTON	_, hereby resign as a MGR
(Print N	ame of Person Resigning)	(Print Title)
of this limited lia resignation in wr	=	imited liability company has been notified of m
Many 1.0	flant	
Signature of Res	igning Member, Managing Men	nber or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	