(Requestor's Name)				
	(Address)			
	Address)			
·	,			
 ,	City/Stato/Zin/Bhana #			
•	City/State/Zip/Phone #))		
PICK-UP	WAIT	MAIL		
, verrer		—		
(Business Entity Name)				
(Document Number)			
Certified Copies	Certificates of	Status		
_				

Special Instructions to Filing Officer:

L. SELLERS

AUG -8 2010

EXAMINER

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MAUG -2 PM 3: 48
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Little Platte Investments	, LLC
	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Wendy McPherson	
(Contact Person)	
James Larry Nichols, P.A.	
(Firm/Company)	
8191 College Parkway, #205	
(Address)	
Fort Myers, FL 33919	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at (239) 433-1305
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{\$\sqrt{\$25}\$ Filing Fee}\$	the Florida Department of State for:
T T T T T T T T T T T T T T T T T T T	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
Clitton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	ranunassee, Pionida 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 le Platte Investments	it appears on the records of	the Florida Department
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc L1000002	-	f this limited liability compar	y is:
_{4. I,} Jeffrey D. Collins		herehy resign as a Ma	anager
(Print Name of Person Resigning)		, hereby resign as a Ma	(Print Title)
of this limited lia resignation in wr		e limited liability company h	as been notified of my
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		
	•		*

CR2E079 (5/06)

FILED

SEGRETARY OF STATE