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2010 APR -6 AM III: 18
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

APR - 7 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: Seasons Concier (Name of Limited Li	ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Susan Ballard (Contact Person)	
Seasons Concrerge LLC (Firm/Company)	2010 APR -6 SECRETARY TALLAHASSE
1435 Sw Whas Pl	OF STA
Palm City Pl 34990  Weity/State and Zip Code)	
For further information concerning this matter, pla	ease call:
Sus An Ballace at (Name of Contact Person) at (A	772 ) 215-1092 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it ap		of the Florid	da Depa	rtment	•
	ity company was organized und	•	7.	(0)	7010 APR -6	Same andrej
	ment/registration number of this	limited liability comp	pany is:	OF STATE	A II: 10	
4. I,	Jolff me of Person Resigning)	_, hereby resign as a _	Manag (Prim	Title)	<del></del>	
of this limited liab resignation in writ	ility company and affirm the liming.	nited liability company	y has been i	notified	of my	
Signature of Resig	gning Member, Managing Memb	per or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					