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J. BRYAN

OCT 17 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Batchelor's Stree (Name of Limited Liability)	t. Sapes LLC Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Jonathan M Batchelor (Contact Person)	
Botchelor's Strant Scapes LL	TIF PHIORES
Po Box 600375 (Address)	- Constant
Tacksonville, FL 32259 (City/State and Zip Code)	·
For further information concerning this matter, please ca	ıll:
Tonathan M Batchelor at (904 (Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid.	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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			ent
2. This limited liab	ility company was organized un	der the laws of:		
	nment/registration number of thi	s limited liability compar 	ny is:	
of this limited lial	oility company and affirm the lin	_, hereby resign as a		– ny
resignation in wr		1		
Filing Fee:	gning Member, Managing Mem \$25.00 (Required)	ber or Manager	OCT 14 P GRETARY S AHASSEE	
Certified Copy:	\$30.00 (Optional)		PM 1:00 OF STATE EX FLORID	6