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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
L1-43894				
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(Document Number)				
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Office Use Only



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SECRETARY OF STATE
AND ANALYSEE FE ORIGINAL

ASSEE, FLORIDA

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

 $_{
m SUBJECT}$  SEVENTY NORTH, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

#### PHIL ROBEY

(Contact Person)

(Firm/Company)

### 10754 70TH AVE N. STE A

(Address)

## SEMINOLE, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

## PHIL ROBEY

<sub>at (</sub>206

841-4150

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



December 14, 2012

PHIL ROBEY 10754 70TH AVE N. SUITE A SEMINOLE, FL 33772

SUBJECT: SEVENTY NORTH, LLC

Ref. Number: L10000043894

We have received your document for SEVENTY NORTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Resignation form was not enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 712A00029600

Neysa Culligan Regulatory Specialist II

www.sunbiz.org



FILED 2013 JAN -3 AM 9: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	seventy North	• •	of the Florida Department
2. This limited li	ability company was organized	under the laws of:	
3. The Florida do	ocument/registration number of 9 4 3 8 9 4	this limited liability con	npany is:
4.1, <u>Betty</u>	MANGIA Lard' I Name of Person Resigning)	, hereby resign as a	<u>member</u> (Print Title)
of this limited l resignation in v	liability company and affirm the writing.	limited liability compar	ny has been notified of my
	esigning Member, Mahaging M		
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)