L10000047645

(Re	questor's Name)	· · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2011 JAN -5 PM 4: 87.
SECRETARY OF STATE.

C. LEWIS

JAN 6 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	<i>;</i>
SUBJECT: CAROLINI A CIGHRS O (Name of Limited)	F FT LAUDIKOALK LLC d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
MICHBEL S. CUSHENICE (Contact Person)	
(Firm/Company)	
2015 N. OCEAN BLUD UNIT	219
(Address)	
FT LAUDENDOLL, FL 3 (City/State and Zip Code)	330g
For further information concerning this matter,	please call:
S AME (Name of Contact Person)	1(954) 295-675/
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

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		
of State is: CAROLINA OBARS OF	FT LAUDERDA	æ, LLC.
2. This limited liability company was organized ur	ider the laws of:	
FLOKING DEPT OF ST.	_	
	— ·	
	٠	
3. The Florida document/registration number of th	is limited liability com	pany is:
4100nm 47645		
	_	
41 MICHAEL G. CLISHANCE	herehy resion as a	MERM
4. I, MICHAEL G. CUSHENICK (Print Name of Person Resigning)	, nercoy resign as a _	(Print Title)
of this limited liability company and affirm the li	mited liability compan	v has been notified of my
resignation in writing.		,
Ald Challanis		
Signature of Resigning Member, Managing Mem	shee or Managar	
Signature of Resigning Member, Managing Men	ioci oi ivianagei	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: