L10000053211

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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

FEB 2 3 2011

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (5/06)

SUBJECT: AUTUMN SUN MANFACTURED HOME MOVERS 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:

DEBRA JONES	
(Contact Person)	. 4.
BOOKKEEPING & TAX SERV	ICE SEE
(Firm/Company)	AHE AHA
2502 MCCORMICK RD	SSEE
(Address)	
PANAMA CITY, FL 32409	ATE
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
DEBRA JONES	_{at (} 850) 872-0169
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	X Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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 appears on the records of the Florida Department of State is: AUTUMN SUN MANFACTURED HOME MOVERS LLC			
2. This limited liability company was organized STATE OF FLORIDA	d under the laws of:	JII FEB 22 F BEORETARY O	
3. The Florida document/registration number of L10000053211	f this limited liability company is:	PM 12: 53 OF STATE S.FLORIDA	
4. I, S. DARLYA OTTO (Print Name of Person Resigning)	, hereby resign as a MGRM	nt Title)	
of this limited liability company and affirm th resignation in writing.	ne limited liability company has been	notified of my	
Signature of Resigning Member, Managing N	Member or Manager		
Filing Fee: \$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)