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SECRETARY OF STATE
TALLAHASSEF F. STATE

J. SAULSBERRY EXAMINER

AUG 24 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AH SPATE LLC (Name of Limited Liability Cor	mpany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Debra Newman Battista	
(Contact Person)	
(Firm/Company)	SEC TALL!
7451 Grand Blvd	CRETAR)
Port Richey, FL 34668	SECRETARY OF STATELAHASSEE, FLORE
(City/State and Zip Code)	: 42 RIDA
For further information concerning this matter, please call:	
Debra Newman Battista at 727	<u>)</u> 253-4849
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it as	ppears on the records of the Fl	lorida Department
2. This limited liabili Florida	ty company was organized und	der the laws of: 	
3. The Florida docum L1000005	ent/registration number of this 5724	s limited liability company is:	
4. I, Thomas G	iambarberee	_, hereby resign as a Mana	ager/Member
Print Nan	ne of Person Resigning)	(F	Print Title)
	ity company and affirm the lin	nited liability company has be	en notified of my
resignation in writing	ng.		
Tedua	Cearufas	<u>-</u>	Ã, n
Signature of Resign	ning Member, Managing Mem	ber or Manager	10 M
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AUG 23 AM 8: 4. RETARY OF STATE WHASSEE, FLORIDA