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SEGUETARY OF STATE NLIAHASSEE.FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUTS AND (Name of Limit	O VAINS LLC led Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning to	his matter to:
ANNE DEBONA (Contact Person)	
BRITS PON YANYS LLC (Firm/Company)	2011 SEP -
29400 US HWY 27	
1 at C Manilford 33838 (City/State and Zip Code)	OF STATE E. FLORIDA
For further information concerning this matter	
Anne Debolla (Name of Contact Person)	at (863) 899 7245 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

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 a	ppears on the records of the	Florida Departme	ent
of State is:	BETTS AND	YALKS LLC	.	٠.
2. This limited liab	pility company was organized und	der the laws of:	2011 SEP -1 SECCETARY TALLEAHASSE	TI
_	ument/registration number of this	s limited liability company i	PH LE: 2) OF STATE E. FLORIDE	E C
4. I, <u>TONY D</u>	XER ON A Vame of Person Resigning)	, hereby resign as a	1 SRM (Print Title)	-
of this limited lia resignation in wr	bility company and affirm the liniting.	nited liability company has	been notified of m	ıy
Signature of Res	Ce Igning Member, Managing Meml	per or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			