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J. SAULSBERRY EXAMINER AUG 15 2013

COVER LETTER

TO: Registration Section **Division of Corporations**

Three Plus One Plus One, 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:

Document Processing

(Contact Person)

RMT

(Firm/Company)

350 Riverside Ave

(Address)

Merritt Island, Florida 32953

(City/State and Zip Code)

For further information concerning this matter, please call:

Document Processing at 321

(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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i ee Plus One Plus O	t appears on the records of the FI	orida Dep	artment
2. This limited liabi Florida	lity company was organized	under the laws of:		2013 AUG 1
3. The Florida docu L1000073		this limited liability company is:	TOWN TO A TOWN	13 AM 8: 32
4. I, Thomas A		, hereby resign as a MGRI	M	
•	ame of Person Resigning)	(1	rint Title)	
resignation in wri		limited liability company has be 3 - 9 - 2013 ember or Manager	en notified	d of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

: 1