## L10000075694

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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C. LEWIS

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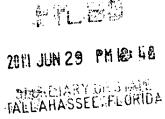
EXAMINER

## COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Dolly P LLC	
(Name of Limited Lial	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Roy Campbell	
(Contact Person)	
Dolly P LLC	
(Firm/Company)	
65 Lewis Blvd.	
(Address)	
St. Augustine, FL 32084	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Roy Campbell at (	904 ) 377 5000
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
CR2E079 (5/06)	





## 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 of State is: Dol	limited liability company as ly P LLC	it appears on the records of	-		
2. This limited liab Florida	ility company was organized	under the laws of:			
3. The Florida docu L10000075	iment/registration number of 5694	this limited liability comp	oany is:		
<sub>4. I.</sub> Terrence Parker		, hereby resign as a	, hereby resign as a MGMR (Print Title)		
(Print N	ame of Person Resigning)	, , ,	(Print Title)		
of this limited lial resignation in wr	pility company and affirm the ting.	e limited liability company	y has been notified of my		
Aumi	2 bahr				
Signature of Resi	gning Member, Managing M	lember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				

CR2E079 (5/06)