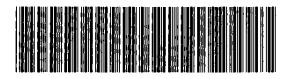
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(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
<u> </u>					
(Business Entity Name)					
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SECRETARY OF STATE

T. CLINE

MAR 83 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: FATEWAYS & GREENS GOLF ACADEMY LL.C. (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:
Contact Person)
FATEWAYS & GREENS GOLF ACADEMY 2 L.C. (Firm/Company)
1601 ENGLEWOOD RO. (Address) ARRIVAR
ENGLEWOOD FL 34223 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) SSS-6930 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		s it appears on the records of the REAL ACE	
2. This limited liab	oility company was organized	i under the laws of:	
STATE O	OF FLORIDA	 .	
3. The Florida doc	ument/registration number of	f this limited liability company	is:
<u>L1000</u>	00081242	·	
4. I, <u>JOEC</u>	ECKELMAN Jame of Person Resigning)	, hereby resign as a	MANAGOZ (Print Title)
,	bility company and affirm th	e limited liability company has	1
			2011 MAR 30 SECRETARY
Signature of Res	igning Member, Managing M	1ember o r M anager	TAR ASS
			(Lilo)
Filing Fee:	\$25.00 (Required)		AR D
Certified Copy:	\$30.00 (Optional)		RIDE S