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(Re	equestor's Name)	i
(Ad	Idress)	
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(Ad	ldress)	<i>i</i>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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SEGRETARY OF STATEMS
DIVISION OF CORPORATIONS

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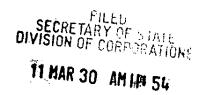
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:ATRWAYS&GR (Name of Limited)	EANS COUR ACADOMYLL Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ROBART MABREY (Contact Person)	
FATERDAYS & GREENS GOLF (Firm/Company)	ACADEMY L.L.C.
1601 ENGLOWOOD RD. (Address)	
ENGLEWOUD, FL 34223 (City/State and Zip Code)	3
For further information concerning this matter, p	please call:
POBALT (MABREY at (Name of Contact Person)	(941) 525-6930 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	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

	limited liability company as it appears on the records of the Florida Department ATRWAYS & GOLF ACADYMY, L.L.C
<i>-</i>	ility company was organized under the laws of:
	ment/registration number of this limited liability company is:
4.1, WAtto (Print No.	hereby resign as a MANAGEL (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
6	
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)