## 110000100127

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2011 AUG 29 AM 8: 56
SECRETARY OF STATE

J. SAULSBERRY EXAMINER AUG 30 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MCLUSH LLC	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
SHANNON YATES	
(Contact Person)	
MCLUSH LLC	SE TALL
(Firm/Company)	CRE AH
1625 SE 46TH STREET	IG 29
(Address)	AM E.F.
CAPE CORAL, FLORIDA 3390	
(City/State and Zip Code)	, A
For further information concerning this matter,	please call:
	11 (239 ) 738-6066
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 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

	limited liability company as	it appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu 	ument/registration number of 00127	this limited liability con	npany is:
•	A YATES  ame of Person Resigning)  pility company and affirm the		MANG/MEMBER (Print Title)  ny has been notified of my
resignation in wri	iting.		2011 SEC
Filing Fee:	gning Member, Managing M \$25.00 (Required)	ember or Manager	AUG 29 AM RETARRY OF S WHASSEE, FL
Certified Copy:	\$30.00 (Optional)		4 8: 56 STATE ORIDA