## 10000H85

(Re	equestor's Name)	<del></del>		
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SECRETARY OF STATE ANASSEF, FLORIDA

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE		seball League LLC	_	
The enc	closed member, managing member or n	manager resignation and fee(s) are submitted	d for	
Please r	return all correspondence concerning th	his matter to:		
John	Boltersdorf			
	(Contact Person)			
Treas	ure Coast Fall Baseball Leag	gue, LLC.		
	(Firm/Company)	· ·		
5283	NW Almonds Ave.			
	(Address)			
Port S	Saint Lucie, FL 34986			
	(City/State and Zip Code)			
For furt	her information concerning this matter	r, please call:		
John	Boltersdorf	at (772) 336-8353		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	-	
Enclose	ed please find a check made payable to  √ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
Registra Division Clifton I 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, 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 asure Coast Fall Bas		
	ility company was organized		
3. The Florida docu L10000100	iment/registration number of 0485	this limited liability con	npany is:
4. I, John Bolte	ersdorf ame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lial resignation in wri	pility company and affirm the string.	e limited liability compa	ny has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	11 OCT -3 SECRETARY TALLAHASSE