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SECRETARY OF STATE
ALLAHASSEF FLORING

D. BRUCE

MAY 25 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cabe 14 UC (Name of Limited Liability Com	npany)	
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Michael Schulte (Contact Person)	_	
(Contact Person)	•	
	-	
(Firm/Company)		
3019 Ruier Dr	_	
(Address)		
Key West FC 33040 (City/State and Zin Code)	12 Start	
(City/State and Zip Code)	AAA Y	
For further information concerning this matter, please call:	HASSEE. FI	
(Name of Contact Person) at (914 (Area Code	역 문 대 (
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D	epartment of State for:	
\$25 Filing Fee	55 Filing Fee &	
	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

	mited liability company as it appears on the records of the Florida LLC	orida Depa	tment
2. This limited liabili	ty company was organized under the laws of:	12 MAY 24 SECRETARY FALLAHASS	
	nent/registration number of this limited liability company is:	EE. FLORIC	
(Print Nan	lity company and affirm the limited liability company has been	rint Title)	
M	ning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		