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SECRETARY OF STATE
FALLAHASSEE, FLORID,

J. BRYAN

MAY 13 2011

EXAMINER

COVER LETTER

•	n of Corpo				
SUBJECT: _	Neon	Mike	uc		
		(Nam	e of Limited Liability C	ompany)	
The enclosed m filing.	nember, ma	anaging mer	nber or manager res	ignation and fee(s) are	submitted for
Please return al	l correspo	ndence conc	erning this matter to) :	
Anthony J	LILDON N-				
((Co	ntact Person)			FSE =
Coastlin	Signs			— PROMINION OF THE	いる。
	(Fin	n/Company)			SSE 2
17.5),			mg = -
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	•	•			500
Palm Ca	ast	PC 2	2164	•	
	(City/St	ate and Zip Cod	e)		
For further info	rmation co	ncerning th	is matter, please call	l:	
		Ü	71		
Arthon Pelle	. Ponn	_	at (407) 318-4277	
(Nam	e of Contac	t Person)	(Area Cod	le & Daytime Telephone	Number)
Enclosed please	find a ch	eck made na	vable to the Florida	Department of State fo	•
	\$25 Fili			\$55 Filing Fee &	
		_		Certified Copy	
STREET/COU	IRIER AI	DRESS:		MAILING ADDRE	SS.
Registration Sec				Registration Section	~~*
Division of Cor				Division of Corporati	ions
Clifton Building	-			P.O. Box 6327	
2661 Executive				Tallahassee, Florida	32314
Tallahassee, Flo	orida 3230	1			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability co	mpany as it a	appears on the records	s of the Floric	la Departi	ment
of State is:	Neon Mike	uc				
<u></u>						
2. This limited liab	oility company was	organized ur	nder the laws of:			
STATE	of Florida					
3. The Florida doc	ument/registration r	number of th	is limited liability con	npany is:		
<u> 1,0000</u>	•					
			 •			
4. I. Anthon,	DelleDonn		_, hereby resign as a	Managin	Mes	ber
(Print N	lame of Person Resigni	ng)	<u>_</u> ,, <u>6</u>	(Print	Title)	
		affirm the li	mited liability compar	ny has been r	notified of	f my
resignation in wr	iting.					
	0,00					
Signature of Res	igning Member, Ma	ınaging Men	ber or Manager			
_			_			
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_	\$25.00 (Require	•		LA	22 3	-
Сегинеа Сору:	\$30.00 (Optional	ai)		1AS	MIN.	
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