2/0000/10958

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2011 AUG 17 PH 2 68 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sauthern Outdom (Name of Limited)	or Specialists LLC 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:
Tadd P. WEVey (Contact Person)	
Southern Ontdoor Specialists	SECRETARY ALLAHASSE
2204 W. 15th St. (Address)	RY OF STATE SEE, FLORID,
Panama City, FL 3240 (City/State and Zip Code)	
For further information concerning this matter,	please call:
	(850) 319-9136 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sum_{\text{\$\subset}}\$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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 Executive Center Circle	rananassee, fiunda 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 uthern Outdoo			epartm	ent _·
	ty company was organized un te of Florida	nder the laws of: 	SEURE JAR JALLAHASS	2011 AUG 1-7	
3. The Florida docum	ent/registration number of th	is limited liability com	npany is: m ≺		استانينا 1
L1000011	0258	•	100 m	3	ا و ع ا
<u> </u>	<u> </u>	 .	OR!		الدينا
4.1, Kevin A.	BASS	, hereby resign as a		93	_
(Print Nam	ne of Person Resigning)		(Print Title,)	
of this limited liabil resignation in writji	ity company and affirm the ling.	imited liability compar	ny has been notif	ied of n	ny
gh	- B_				
Signature of Resign	ing Member, Managing Mer	nber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				
•	·				

CR2E079 (5/06)