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D. BRUCE

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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: 51re LW 66 LLC (Name of Limited Liability Control of Line of Limited Liability Control of Line of	Company)	
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for	
Please return all correspondence concerning this matter t	io:	
Mark Spillens		
(Contact Person)		
tive LW (66 LLC (Firm/Company)		
P.O. BOX 218 (Address)		
Bocs Robon, FL 33429 (City/State and Zip Code)		
For further information concerning this matter, please ca	LLCRET	 6:
(Name of Contact Person) at (Area Co	368 -000 8 M	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for:	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as	s it appears on the records of the Florida	Department	
2. This limited liab	ility company was organized	d under the laws of:		,
4. I, (Print N	O 11494 (a) Jame of Person Resigning)	f this limited liability company is: , hereby resign as a OFF (Print Ti	,	
resignation in wr		ne limited liability company has been no Member or Manager	TALLA	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PR-5 BM I: ETANY OF STA WHASSEE, FLOR	