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J. SAULSBERRY  
EXAMINER

FEB 04 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abode Management, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anneli Nystrand Magee

(Contact Person)

(Firm/Company)

13403 N Meridian Road

(Address)

Tallahassee, Florida 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Anneli Nystrand Magee

(Name of Contact Person)

at ( 850 ) 241-3914

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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 company as it appears on the records of the Florida Department of State is: Abode Management, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L10000122215

4. I, Anneli N Magee, Esq., hereby resign as a Managing Member (MGRM)  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Anneli N Magee  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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