(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

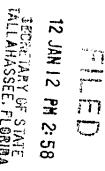
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EXAMINER



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## **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: Southorn Markety CC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Tillnen Evers (Contact Person)
Southeurp Markety CCC (Firm/Company)
3059 cory woods Dr Orlando FC 32822
Orlando FC 32822 (City/State and Zip Code)
For further information concerning this matter, please call:
Tillman Evers at (815) 791-2350 (Name of Contact Person) (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: 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
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 it  Sothough Market	• •	the Florida Department
2. This limited liab	pility company was organized u	nder the laws of:	
<u>L 1100000</u>	ument/registration number of the Son Leandy Jame of Person Resigning)	·	
	bility company and affirm the l		
Signature of Res	gning Member, Managing Men	mber or Manager	12.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JAN 12 RETARY AHASSEE