## 11000036693

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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T. HAMPTON

APR 2 8 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: 370 North Ferry Roa	d, LLC d Liability Company)
The enfiling.	• •	nanager resignation and fee(s) are submitted for
Please	e return all correspondence concerning th	is matter to:
Dav	vid Morales	· · · · · · · · · · · · · · · · · · ·
	(Contact Person)	
Flor	ida Sunshine Investments (Firm/Company)	I, LLC
340	Royal Palm Way	
Palr	m Beach, Florida 33480 (City/State and Zip Code)	
For fu	rther information concerning this matter,	please call:
<u>Dav</u>	vid Morales (Name of Contact Person)	t ( 561 ) 659-2297 (Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to t  \$25 Filing Fee	
Regist Division Clifton 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle tassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 company as it a of State is: 370 North Ferry Road,	
2. This limited liability company was organized un Florida	der the laws of:
3. The Florida document/registration number of thi L11000036693	s limited liability company is:
4. I, Anthony L. Morrison	_, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the line resignation in writing.	mited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager
	<b>1</b>

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