## 11100046773

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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**EXAMINER** 



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12 OCT 29 AM II: 34
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FOREST DRIVE PROP	ERTIES, LLC ed Liability Company)
•	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Steven Connor	
(Contact Person)	<del></del>
Forest Drive Properties, LLC	
(Firm/Company)	<del>le lui - =</del>
2401 Forest Drive	
(Address)	
Inverness, FL 34453	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	r, please call:
Steven Connor	at ( 352 ) 344-3777
(Name of Contact Person)	at (352) 344-3777 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$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

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 ap of State is: FOREST DRIVE PROPERT	
2. This limited liability company was organized und Florida	er the laws of:
3. The Florida document/registration number of this L11000046773	limited liability company is:
4. I, Karin Kersh  (Print Name of Person Resigning)  of this limited liability company and affirm the lim resignation in writing.	, hereby resign as a Managing Member (Print Title) ited liability company has been notified of my
Signature of Resigning Member, Managing Memb	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	12 OCT 29 AI