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EXAMINER



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COVER LETTER

TO: Registration Section	
. Division of Corporations	
SUBJECT: Transition 11 llc	
(Name of Limited Li	iability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
. Please return all correspondence concerning this n	natter to:
Charmaine ventour	n en
(Contact Person)	
Transition 11 IIc	
(Firm/Company)	
13762 W. State Road 84 STE-	- 116
(Address)	
Davie, Florida 33325	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Charmaine Ventour at (954) 268-4251
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{\sqrt{1}}\$\$ \$25 Filing Fee	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

	limited liability company as	it appears on the record	
	ility company was organized	i under the laws of:	12 JAN 18
3. The Florida doc L1100005	ument/registration number of	f this limited liability cor	mpany is:
of this limited lia resignation in wr	lame of Person Resigning) bility company and affirm th	· · · · · · · · · · · · · · · · · · ·	(Print Litte)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)