## 111000067352

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011  EXAMINE	·
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	· (Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	PICK-UP WAIT MAIL
Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	(Business Entity Name)
Special Instructions to Filing Officer:  A. LUNT  OCT 18 2011	(Document Number)
A. LUNT 0CT 18 2011	Certified Copies Certificates of Status
OCT <b>18</b> 2011	Special Instructions to Filing Officer:
3 3 3 3 3 3	A. LUNT
EXAMINER	OCT <b>18</b> 2011
' I	EXAMINER

Office Use Only



000213159730

10/11/11--01004--007 \*\*25.00

SECRETARY:OF STATE ALEAHASSEE: FLORIDA

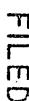
28.45 LYNDAN CANAL PROPERTY IN THE PROPERTY IN

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Prestige Couriers LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted for
Please return all correspondence concerning this matter to:	<b>20</b> 7A
Michael C. Jacobs (Contact Person)	ECINE 17
Prestige Couriers LLC (Firm/Company)  4500 Pay Meadows Kd Apt. 289 (Address)	BILOCT 17 AM 9: 52 SEUNETARY-OF STATE ALLAHASSEE: FLORID
4500 pay meadows Kd Apt. 289. (Address)	<b>92</b> TE
Jacksonu, 11e, Florida 32217 (City/State and Zip/Code)	
For further information concerning this matter, please call:	
Michael L. Jacobs at (904) S17-6916  (Name of Contact Person) (Area Code & Daytime Telephone Num	nber)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323	s

CR2E079 (5/06)

Tallahassee, Florida 32301





## 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 F of State is:	lorida Department
2. This limited liability company was organized under the laws of:	2011 OCT \7 SECRETARY TALLAHASSE
3. The Florida document/registration number of this limited liability company is:	er sia
4. I, EBalthon, hereby resign as a MGF (Print Name of Person Resigning), hereby resign as a MGF (I also be a significant of this limited liability company and affirm the limited liability company has be	Print Title)
resignation in writing.	on novinou or my
Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	