LII CCCO70503

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: _	LBJ INVESTMENTS, LLC	f Limited Liability Co	mpany)
The e	nclosed (member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please	e return a	all correspondence concert	ning this matter to:	
T. Tho	omas Shirl	ey		
		(Contact Person)		
Dunki	n and Shir	ley, PA		
		(Firm/Company)		_
170 W	est Dearb	om Street		
		(Address)		_
Engle	wood, FL.	34223		
		(City/State and Zip Code)	<u> </u>	_
For fu	irther inf	ormation concerning this	matter, please call:	:
T. The	omas Shirl	ey	941 at (474-7753
	(Na	me of Contact Person)		e & Daytime Telephone Number)
	sed plea 5 Filing	se find a check made paya Fee		Department of State for: ag Fee & Certified Copy
	Regist Division P.O. B	Address: ration Section on of Corporations fox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it a	appears on the records of the Florida Department
2. The Florida doo L11000070503	cument/registration number assig	ned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ed or will withdraw/resign is:
349 DEARBOI 4. I,	N II C	, hereby withdraw/resign as a
Authorized Men		
	(Print Title)	
resignation in w	· · · · · · · · · · · · · · · · · · ·	mited liability company has been notified of my g Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)	