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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON:
JUN 29 2011

TXAMPREP

COVER LETTER

| | on Section of Corporations | | |
|--|-------------------------------|-------------------------------------|-------------------|
| _{SUBJECT:} Va | nover, LLC | | |
| | (Name o | Limited Liability Company) | |
| The enclosed mer filing. | mber, managing memb | er or manager resignation and fee(s | are submitted for |
| Please return all c | correspondence concert | ing this matter to: | |
| Brenda Cliffo | ord . | | |
| | (Contact Person) | | |
| Vanover, LL0 | | | |
| | (Firm/Company) | | |
| 19550 Honey | ybear Lane (B) | | |
| | (Address) | | |
| North Fort M | yers, FL 33917 | | |
| | (City/State and Zip Code) | | |
| For further inform | nation concerning this i | natter, please call: | |
| Brenda Cliffo | rd | at (239-) 543-9800 | |
| (Name o | of Contact Person) | (Area Code & Daytime Telep | hone Number) |
| Enclosed please fi | ind a check made paya | ole to the Florida Department of St | ate for: |
| | \$25 Filing Fee | \$55 Filing Fee & | |
| | | Certified Cop | У |
| STREET/COUR | IER ADDRESS: | MAILING AD | DRESS: |
| Registration Secti | on | Registration Se | |
| Division of Corpo | rations | Division of Cor | porations |
| Clifton Building | | P.O. Box 6327 | |
| 2661 Executive C Tallahassee, Flori | | Tallahassee, Flo | orida 32314 |

CR2E079 (5/06)

From: To: Brenda Clifford

Page: 3/3

Date: 6/22/2011 9:24:47 AM



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| of State is: Va | limited liability company as nover, LLC | it appears on the records | s of the Florida Department |
|---------------------------------------|--|------------------------------|-----------------------------|
| 2. This limited liat June 20, 2 | oility company was organized | i under the laws of: | |
| 3. The Florida doc L1100071 | ument/registration number of | f this limited liability con | npany is: |
| _{4. I.} Nidia M. Romero | | , hereby resign as a | Manager/Member |
| (Print Name of Person Resigning) | | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm th iting. I Komer o | e limited liability compar | ny has been notified of my |
| Signature of Res | gning Member, Managing M | lember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | ∓ § |

ON OF CURPERATIONS