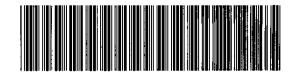
## L11000078871

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(Address)
(Address)
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D. BRUCE
AUG 3 0 2011
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Blessed - Bee of North (Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
(Configure Person)	
Blosed - Bee of N.A 1 (Firm/Company)	<u>u.                                    </u>
4654 Bay Brook I	11 AUG 2 SECRETA FALLAHAS
Pensuda, FL 3251 (City/State and Zip Code)	1 AUG 29 FM EQ 43 LAHASSEE. FLORIDA  lease call:
For further information concerning this matter, p	lease call:
(Name of Contact Person) at (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 a	appears on the records o	f the Florida Department
of State is:	FLORIOA	······································	*
	ility company was organized ur	nder the laws of:	11 AUG 29 SECHETARY
	ument/registration number of th	is limited liability comp	any is: FLORI
4. I, 10 MM (Print N	ame of Person Resigning)	_, hereby resign as a _	Manying Hanber (Prin Tille)
of this limited lial resignation in wr	bility company and affirm the li	mited liability company	has been notified of my
hom	(1) K		
Signature of Resi	gning Member, Managing Men	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		