L11000094652

(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:



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SECRETARY OF STATE
ALL AHASSEF, FLORID.

B. KOHR

JAN 3 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Plu		it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct	•	this limited liability company is:
_{4. I,} Susanna Helman		, hereby resign as a Managing member/ewner-SH
of this limited lia resignation in wr	lame of Person Resigning) bility company and affirm tho	e limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Plum Gallery, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Susanna Helman

(Contact Person)

Plum Gallery

(Firm/Company)

1031 Saltwater Circle

(Address)

Saint Augustine, FL 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Susanna Helman

,,904 \347-

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

LOEC 26 M 8:5

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)