L11000098055

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Business Emily Name)					
(Document Number)					
(CSSSIIIOIN VAIIISO)					
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SECRETARY OF STATE

2011 NOV 21 P.H. 4: T

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COVER LETTER

Division of Corporations		
SUBJECT: NORTHWOOD PROPERT		
(Name of Limited L	nability Company)	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
KIMBERLY M. ADAMS		
(Contact Person)	BIL NOV 21 SEGRETARY ALLAHASSI	***
NORTHWOOD PROPERTY, LLC	OV 2	
(Firm/Company)		
1360 W 31ST STREET	EM 4: 19	C
(Address)	NE TO	
RIVIERA BEACH, FL 33404		
(City/State and Zip Code)		
For further information concerning this matter, pl	ease call:	
KIMBERLY M. ADAMS	561 386-4432	
(Name of Contact Person) (A	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 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it THWOOD PROPER		s of the Fl	orida D	epartm	ient
2. This limited liabili FLORIDA	ty company was organized u	nder the laws of:		SECRETAR TALLAHASS	2011 NOV 2	
3. The Florida docum L110000980	nent/registration number of the 155	nis limited liability con	npany is:	Y OF STAT		
4. I, MICHAEL G	a. HARPER ne of Person Resigning)	, hereby resign as a	MGRN	rint Title	(a)	_
of this limited liabil resignation in writin	ity company and affirm the lag.	limited liability compa	ny has be	en notif	ied of i	ny
Signature of Resign	ing Member, Managing Men	mber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					