## L11000103977

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TALLAHASSEE FLOORS

J. SAULSBERRY EXAMINER AUG 13 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	···	C ted Liability Com	npany)	_
The er filing.	nclosed member, managing member or	manager resig	nation and fee(s) are submitte	d for
Please	return all correspondence concerning t	this matter to:		
Meli	ssa Cassidy		_	
	(Contact Person)		SLCRE FALLAH.	2012 AUG 10
	(Firm/Company)		ASSR SSR	0.5
P.O.	Box 1155		교 인 선	3:
	(Address)		ORID	<b>₽</b> 32
Dun	edin FL 34697		<b></b>	10
	(City/State and Zip Code)			
For fu	rther information concerning this matte	r, please call:		
Meli	ssa Cassidy	at (727	738-4800	_
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos	sed please find a check made payable to \$25 Filing Fee	the Florida D	Department of State for: 55 Filing Fee & Certified Copy	
Regist Divisi Clifton 2661 I	cet/Courier Address: tration Section on of Corporations n Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	nited liability company as it a	ppears on the records o	of the Floric	la Depa	ırtment
	y company was organized und	der the laws of: 		SECRETARY OF ST ALLAHASSEE, FLO	012 AUG 10 AM 8
3. The Florida document/registration number of this limited liability company is:  L11000103977				TATE ORIDA	8 32
4. I, Melissa Cas	sidy e of Person Resigning)	_, hereby resign as a _	MGRM (Print	Title)	
	ity company and affirm the lir	nited liability company	/ has been r	notified	of my
Mulisa C Signature of Resign	Managing Mem	ber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				