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A. LUNT

OCT 28 2011

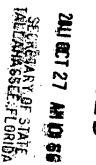
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Creations by the Sea (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submfiling.	itted for
Please return all correspondence concerning this matter to:	
Christy John S (Contact Person)	
Creations by the Sea (Firm/Company)	ARYOF
14401 Front Beach Roan (Address)	DATE ORIGA
Pagamo City Beach Fl 32413 (City/State and Zip Code)	
For further information concerning this matter, please call:	
CHRISTY John S  778-301-0061 at (770) 301-0661  (Name of Contact Person) (Area Code & Daytime Telephone Numl	ber)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations	•

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 appears on the records of the Florida Department
of State is: <u>Creations</u> by the Sea.
2. This limited liability company was organized under the laws of:  Floring
3. The Florida document/registration number of this limited liability company is:
4. I, Douc Terral , hereby resign as a manager / co owner (Print Name of Person Resigning) , hereby resign as a manager / co owner
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)