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MECRETARY OF STATE
TALL AHASSEE FLORID.

D. BRUCE

NOV 3 0 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Resident Club Card LL	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Sam J Saad III	
(Contact Person)	
Sam J Saad III, PA	
(Firm/Company)	
1575 Pine Ridge Road, Suite 16	11 NOV 29 AMII: 47 SECRETARY OF STATE ALLAHASSEE, FLORIDA
(Address)	SE SE
Naples, FL 34109	OF STATI
(City/State and Zip Code)	ATA 43
For further information concerning this matter	
Sam J Saad III	at (239) 963-1635
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the 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

	limited liability company as ident Club Card LLC		of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L11000120	ment/registration number of	this limited liability com	pany is:
4. I, Eve May		, hereby resign as a _	Managing Member
·	ame of Person Resigning) oility company and affirm the ting.	e limited liability compan	(Print Title) y has been notified of my
	lay		
Signature of Resi	gning Member, Managing M	ember or Manager	z
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TI MOV 2