11000122806

(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:		
'AUG 1 5 2012		
L. SELLERS		

Office Use Only

000238426280

08/13/12--01040---001 **55.00

12 AUG 13 AM 7: 06 SECRETARY OF STATE TALLAHASSEE. FLORIDA

12 AUG 13 AN 7:0

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE SHUTTER CLUB I	LC od Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning to	nis matter to:
Tammy, L. Huddleston	······································
(Contact Porson)	
THE SHUTTER CLUB LLC	
(Firm/Company)	
7175 53rd Street	
(Address)	
Vero Beach	
(City/State and Zip Code)	
For further information concerning this matter	, please cali:
Tammy, L Huddleston	at (772) 770-4652
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	DEATE DIO ADDRESS
Registration Section	MAILING ADDRESS: 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

1. The name of the limited liability company as it appears on the records of the Florida Departmen of State is: THE SHUTTER CLUB LLC		
2. This limited lial Florida	oility company was organized	under the laws of:
3. The Fforida doc L1100012	-	this limited liability company is:
4. I, John, C G		hereby resign as a Managing Member
of this limited lis resignation in w	ching.	(Print Title) c limited liability company has been notified of my
Signature of Res	igning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)

12 AUG 13 AM 7:06
SECRETARY OF STATE
TALL AHASSES