## 11000128983

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Business Entity Name)
Certified Copies Certificates of Status  Special Instructions to Filing Officer:  [JUL 13 2012	
Special Instructions to Filing Officer:  [JUL 13 2012	(Document Number)
(JUL 13 2012	Certified Copies Certificates of Status
(JUL 13 2012	Special Instructions to Filing Officer

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SECRETARY OF STATE
ALLAHASSEE.FLORIDA

12 JUL 12 TH 3: 85

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: GOLF PROMOTIONS (Name of Limited Liability)	LLC
(Marie of Entitled Black	inty Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted fo
Please return all correspondence concerning this man	tter to:
PHILIP A. KRICK VR.  (Contact Person)	
(Contact Person)	
GOLF PROMOTIONS LLC	
(Firm/Company)	
5330 TIGERS TAIL	
(Address)	
LEESBURG, FL 34748	<u> </u>
(City/State and Zip Code)	
For further information concerning this matter, please	se call:
	678 688-4134
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



## 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:	
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability company is:	3ER
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)	

CR2E079 (5/06)