11000135932

(1	Requestor's Name)
(,	Address)
	A. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12
(Address)
(1	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	1 DALLAR
	Office Use Only

B. KOHR

AUG 2 2 2012

EXAMINER



900238571069

08/20/12--01006--014 **25.00

SECRETARY OF STATIONS
BIVISION OF CORPORATIONS
12 NOS 20 NO 89 NO

COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJ	ECT: 410	O Federal (Name of Lim	HWY, L	-L-C upany)
The enfiling.		nanaging member o	manager resig	nation and fee(s) are submitted for
Please	return all corresp	ondence concerning	this matter to:	
	Dennis	R Wood ontact Person)		_
		ontact Person) S Preferra Irm/Company)		
	T	irm/Company)		_
	945 E.	Las Olas (Address)	Blvd	~
	Fort Lo	(Valuess) Ludevda (e (State and Zip Code) concerning this mat	FL 3	3301
10111	_		-	
	(Name of Con	tact Person)	at (357 · 1980 & Daytime Telephone Number)
Enclo	osed please find a		to the Florida l	Department of State for: \$55 Filing Fee & Certified Copy
Regis Divis Clifts 2661	EET/COURIER stration Section sion of Corporation on Building Executive Center	ns 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

	4100 Fe			of the Florida De	partment
	ility company was org	anized under the la	aws of:		
	ument/registration nun		l liability com	npany is:	
	Name of Person Resigning)			-	
resignation in w	bility company and affiting.	nrm the limited lia	bility compai	ny das deer notiii	ed of my
Signature of Res	ligning Member, Mana	iging Member or Managing	lanager lember	of Mancin	, Dovelopment LLC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)