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SECRETARY OF STATE
AND A SECRETARY OF STATE
ORIDA

J. BRYAN
FEB 14 2012
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: OSPNey H. Qings (Name of Limited Liability Compa	Glap UCC
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
BRYAN GUENTHEN (Contact Person)	2012 FEB
(Firm/Company)	ASSE II
OSPREY R 34229	13 PH 3: 28 TARY OF STATE FLORID
OSPNLY R 34229 (City/State and Zip Code)	₽
For further information concerning this matter, please call:	
BRYAN ENEMER at (941) (Name of Contact Person) (Area Code &	929 - GUSD  Daytime Telephone Number)
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Registration Section R Division of Corporations D	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

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

	mited liability company as it appears  OSprey Holding			
2. This limited liabili	ty company was organized under the	laws of:		
	nent/registration number of this limite	d liability compa	any is:	
<b>\</b> - 1 11.0 1 11.0	YC GUENTNER, herel ne of Person Resigning)		,	
of this limited liabil	ity company and affirm the limited ling.	ability company		of my
Signature of Pagin	ning Member, Managing Member or I	Managar	2012 FEB SECRET TALLAHI	-11
Signature of Resign	ing wember, wanaging wember or i	vianagei	EB 13 RETARY AHASSI	Ë
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 3: 2 OF STA EE, FLOR	50