## 112000/13193

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**EXAMINER** 

312 NOV 20 PM 12: 37

Engravate Park

## **COVER LETTER**

_	sion of Corporations				
SUBJECT:	SOCIALLY ACCEPTED,	LLC			
SUBJECT.	(Name of	Limited Liability Cor	npany)		
The enclosed filing.	d member, managing membe	er or manager resig	gnation and fee(s) ar	e submitted	for
Please return	all correspondence concern	ning this matter to:			
SHARON	A. WEAVER				
	(Contact Person)		_		
SOCIALLY	ACCPTED				
M-Line - Link	(Firm/Company)				
345 REDW	ING LANE				
	(Address)		<u></u>		
SAINT AUG	GUSTINE FLORIDA 3208	0		20	\$1.75 \$1.75
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_		
For further is	nformation concerning this i	matter, please call:		SEFF O	0.7
SHARON	A. WEAVER	904 at (	403-0115		FM 12:37
<u>(I)</u>	lame of Contact Person)		& Daytime Telephor	ne Number)	(c)
Enclosed ple	ease find a check made paya  2 \$25 Filing Fee		Department of State \$55 Filing Fee & Certified Copy	for:	
Registration	Corporations		MAILING ADDI Registration Section Division of Corporation P.O. Box 6327	on	

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

1. The name of the of State is:	limited liability company as it appea	rs on the records of the Florida	Department .	
2. This limited liab	lity company was organized under to ORIDA	he laws of:		
3. The Florida docu L1200007319	ment/registration number of this lim	nited liability company is:	:	
4. 1, SHELLY A. BINGHAM  (Print Name of Person Resigning)		hereby resign as a		
		(Print T	itle)	
of this limited lial resignation in wri	oility company and affirm the limited ting.	l liability company has been no	tified of my	
SIC	Q SBC			
Signature of Resi	gning Member, Managing Member o	or Manager	ZECKETARY	
Filing Fee:	\$25.00 (Required)	9.5 (2)	20 S	
Certified Copy:	\$30.00 (Optional)		OF STATE	