L12000078439

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Dnly	

B. KOHR

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EXAMINER



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SECRE TARY STATIONS OF CORRECTIONS OF CORRECTION OF CORRECTIONS OF STATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mi Crodo 4 (Name of Limited Liab	oility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted fo
Please return all correspondence concerning this ma	atter to:
Joseph Fitzgerald (Contact Person)	
(Firm/Company)	······································
2323 Feather Sound Dr	F-102
2323 Flather Sound Dr (Address) Clearwater FL 3376 (City/State and Zip Code)	o d
For further information concerning this matter, plea	se call:
at (at (at (at (ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the limited liability company as it appears on the records of the Florida Depart of State is:	Egnent Ga
2. This limited liability company was organized under the laws of: Florida.	·
3. The Florida document/registration number of this limited liability company is:	
4. I, OSeph Fitzgerald, hereby resign as a Marm (Print Name of Person Resigning) Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
Charles	
Signature of Resigning Member, Managing Member or Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: