1200091575

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

G. MCLEOD

AUG - 3 2012

EXAMINER



300237468343

08/01/12--01012--021 **50.00

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COVER LETTER

Division of Corporations
SUBJECT: 1S+ JV BR+ LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Derrow Butter (Contact Person)
1St JU BR+ LLC (Firm/Company)
189015W 63 Street
Southwest Ranches FL 33332 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 649-3362 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida 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 of State is:	imited liability company as it appe	ars on the records of the Florida Depa	artment
2. This limited liab	lity company was organized under	the laws of: FLOI Ida	
3. The Florida docu	ment/registration number of this lin	nited liability company is:	
4.1, Walter	RBUTTEY, h	ereby resign as a	L
of this limited liab resignation in wri		d liability company has been notified	i of my
Signature of Resi	gning Member, Managing Member	or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SALAHASSE	12 AUG - I
			3 14

CR2E079 (5/06)