2/2000/43254

(R	Requestor's Name)
· (A	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filina Officer:

A. LUNT

JAN -4 2013

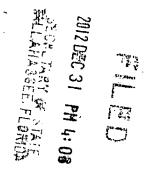
EXAMINER

Office Use Only



800242889558

12/31/12--01004--007 **25.00



COVER LETTER

Division of Corporations				
SUBJECT: Royal Palm Entitie	·	pany)		
The enclosed member, managing member or n filing.	nanager resigi	nation and fee(s) are submitted	for	
Please return all correspondence concerning the	is matter to:			
Maija Currie				
(Contact Person)			<u>₹</u>	
Royal Palm Entites LLC		7-19-00 11-11-11-11-11-11-11-11-11-11-11-11-11-	2000年31	
(Firm/Company)		or as		
4702 Lantana Lane		7 (47) 713 (7) (13) (7) (13) (8)	PH 4: 08	
(Address)			\$	
Destin, FL 32541				
(City/State and Zip Code)		•		
For further information concerning this matter	, please call:	•		
Maija Currie	_{at (} 646	,441-1852		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to \$\begin{align*} \$25 \text{ Filing Fee} \end{align*}		epartment of State for: 55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as it appear	s on the recor	ds of the Florida Department
2. This limited lia Florida	bility company was organized under th	e laws of:	ASSET FLORED
3. The Florida doc L12000143	cument/registration number of this limi	ted liability co	ompany is:
4. I, Steven Gielow (Print Name of Person Resigning)		reby resign as	a MGRM (Print Title)
of this limited li resignation in w	ability company and affirm the limited riting.	liability comp	pany has been notified of my
Signature of Re	signing Member, Managing Member o	r Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		