# L12000155473

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



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SECRETARY OF STATE

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MAR 07 2013 D. BRUCE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT: Nelson Acres & Eckhart Estates, 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:

## Attn.: Ms. Eckhart

(Contact Person)

## Nelson Acres & Eckhart Estates, LLC

(Firm/Company)

P.O. Box 66084

(Address)

## St. Pete Beach, FL 33736

(City/State and Zip Code)

For further information concerning this matter, please call:

## Colleen

(Name of Contact Person)

 $_{at}$  727  $_{0}$  343-0515

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$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

	limited liability company as son Acres and Eckhart	it appears on the records of the Flori Estates, LLC	da Department
	ility company was organized	under the laws of:	7 <b>2</b> 6 <b>28</b>
Florida Limit	ed Liability	·	2013 MAR SECRETA
3. The Florida docu L120001554	· ·	f this limited liability company is:	-6 AMI
4. I, William Welch		, hereby resign as a Manager	ORADE ORADE
(Print Name of Person Resigning)		(Prin	t Title)
of this limited lial resignation in wr		e limited liability company has been	notified of my
1	Mulled		
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		