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(Requestor	s Name)			
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SECRETARY OF STATE
TALL AHASSEF, FRORITA

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: EAGLE RESTORATION OF DESTIN 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:

ROBERT MCKEE

(Contact Person)

EAGLE RESTORATION OF DESTIN LLC

(Firm/Company)

351 Nolly STREET

(Address)

PENSRCOIA PL. 325/4

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MUCEE at (850) 4/8-2001

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$25 \text{Filing Fee} \text{\$55 \text{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 it			Departmen	ŧ
2. This limited liabi	ility company was organized u	nder the laws of:	SECRETAR) TALLAHASS		
L12000159		·	STATE	32	
4. I, ERNEST	E · SNYDER  ume of Person Resigning)	, hereby resign as a _	MANA 6 M (Print Title	G MEN	PER
•	ility company and affirm the li		y has been noti		
Signature of Resignature	gning Member, Managing Mem	4-33-30 ober or Manager	13		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				