# L130000009790

(Requestor's Name)				
(Address)				
,				
(Address)				
(Hadioso)				
(City (Chata II) and 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Filips Officer	_			
Special Instructions to Filing Officer:				
AUG - 8 201 <b>3</b>				
A. LUNT				

Office Use Only



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FILED 2013 AUG-6 PH 24 44

#### COVER LETTER

SUBJECT: YOUR PROPERTY GHARDIANS LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submfiling.	nitted for
Please return all correspondence concerning this matter to:	
CASE DENMA (Contact Person)	
YOUR PROPERTY GUAKNIANS LLC (Firm/Company)	2019 A
2323 NE 36 AVE - SUITE 1	2019 AUG -6 PI
OCALA FL 34470 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (352) 2085374 (Name of Contact Person) (Area Code & Daytime Telephone Num	ber)

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

#### STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations

MAILING ADDRESS:

□ \$55 Filing Fee &

Certified Copy

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			epartn	nent 
2. This limited liab.	ility company was organized	d under the laws of:	SESWAY TO	2013 AUS -6 PM	
L13000		·		14 TE	2.13 - g
	and CP-A1G ande of Person Resigning) pility company and affirm the ting.				my
Signature of Resi	gning Member, Managing M	Member or Manager			
•	\$25.00 (Required) \$30.00 (Optional)				