# L13000092718

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SECKETARY OF STATE
ALL AHASSEE, FLORIDA

NOV - 8 2013

T. BROWN

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT: Parkside Memory Cottage, 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:

#### Nasir Khalidi

(Contact Person)

### Parkside Memory Cottage, LLC

(Firm/Company)

#### 3420 Tamiami Trail, Suite 3:

(Address)

#### Port Charlotte, FL 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Nasir Khalidi

<sub>at (</sub>941

629-2111

(Name of Contact Person)

(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 rkside Memory Cottage	it appears on the records of the Florida Departs, LLC	ment 
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc L 13000092	~	f this limited liability company is:	
4. I, Naveed Khalidi		, hereby resign as a Manager (Print Title)	
(Print N	lame of Person Resigning)	(Print Title)	
of this limited lia resignation in wi		e limited liability company has been notified of	`my
Signature of Res	igning Member, Managing N	fember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		