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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA CHOICE PROSCAPE, 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:
BLAIR S BEASLEY (Contact Person) FLORIDA CHOICE PROSCAPE LLC
BLAIR S BEASLEY (Contact Person) FLORIDA CHOICE PROSCAPE LLC (Firm/Company)
21255 COUNTY ROAD 455
CLERMONT FL 34715 (City/State and Zip Code)
For further information concerning this matter, please call:
BLAIR S BEASLEY at (352) 394 7819 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{2}\$\$ \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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

1. The name of the limited liability company as it of State is: FLORIDA CHOICE	appears on the records PROSCAPE, L	of the Florida Department
2. This limited liability company was organized un FLORIDA	nder the laws of:	16 21 PH 4: 32
3. The Florida document/registration number of th	is limited liability com	pany is:
L 130000 97121		
4. I, Bonne Beasley (Print Name of Person Resigning)	, hereby resign as a _	MANAGING MEMBED (Print Title)
of this limited liability company and affirm the li resignation in writing.	imited liability compan	y has been notified of my
Bu Brash Signature of Resigning Member, Managing Mem	mhar ar Managar	
Signature of Kesigning Member Managing Men	nioer or ividilager	
Filing Fee: \$25.00 (Required)		
Certified Copy: \$30.00 (Optional)		