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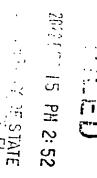
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Esther's Folly, LLC			
JODGE CT	(Name of Limited Liability Company)			
The enclose	ed member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please retur	n all correspondence concern	ing this matter to:		
Robert Weint	raub			
	(Contact Person)			
	(Firm/Company)		_	
9 Nantucket I	ane			
	(Address)		_	
St. Louis, MC) 63132			
	(City/State and Zip Code)		_	
For further	information concerning this n	natter, please call:		
Robert Weint	nub	314 at (660-2162	
(1	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
-	ease find a check made payal			
\$25 Filir	ng Fee	□ \$55 Filin	g Fee & Certified Copy	
	ing Address: istration Section		Street Address: Registration Section	
_	ision of Corporations		Division of Corporations	
	. Box 6327		The Centre of Tallahassee	
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



2922 DEC 15 PM 2: 52

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

A LINE IANY OF STATE

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
Robert Weintrau	ıb	hereby withdraw/resign as a
(Print i	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
resignation in w		the limited liability company has been notified of my
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	