199000008141

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

Office Use Only



000142974510

02/06/09--01033--006 **220.00

09 FEB -6 AH M: 09
SECRETARY OF STATE

M. THOMAS

FEB - 9 2009

EXAMINER

Bylan

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Live Oak Orchids, L.L.C.	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Brenda Pocorobba	
(Contact Person)	
Live Oak Orchids, L.L.C.	09FEL SECRET ALLAH
(Firm/Company)	ASSA L
8910 Quail Run Drive	6 AH H: 03 → OF STATE FLOAIDA
(Address)	
Zephyrhills, FI 33544	C MA
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
Brenda Pocorobba at (813	994-0710
(Name of Contact Person) (Area Cod	le & 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 compane Oak Orchids,	y as it appears on the records of L.L.C.	the Florida I	Departme	ent _•	
2. This limited liabi	lity company was organ	nized under the laws of:		ALAHASSE ALAHASSE	09 FEB -6	
3. The Florida docu L990000	_	er of this limited liability compa	any is:	E FLOHIDA	€0:11 HV	i,
4. I, Ryan J. K		, hereby resign as a	Manag		_	
(Print No	ame of Person Resigning)		(Print Tit	le)		
of this limited liab resignation in wri		m the limited liability company	has been not	ified of m	ıy	
Signature of Resi	gning Member, Managi	ng Member or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					