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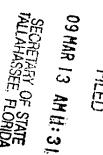
(Requestor's Name)	<u></u>
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
, , ,	
(Document Number)	
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Certified Copies Certificates of Status	
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M. THOMAS

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EXAMINER

The Ganim Law Firm, P. C.

GANIM. GANIM & GANIM

4666 MAIN STREET BRIDGEPORT, CONNECTICUT 06606

> TELEPHONE (203) 372-7772 FAX (203) 374-7199

GEORGE W. GANIM*
GEORGE W. GANIM, JR.
RAYMOND W. GANIM†
*ALSO ADMITTED IN MA
†ALSO ADMITTED IN D.C.

PAUL J. GANIM THOMAS G. GANIM MARY G. KOLESNIK

March 12, 2009

Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Beacon Motel & Resorts, LLC

- a. Resignation of Member
- b. Annual Report

Dear Sir or Madam:

Enclosed herewith please find:

- c. Resignation of Member with a check for the processing fee
- d. Annual Report with a check for the filing fee

Please process these documents at your next opportunity.

Very truly yours,

Raymond W. Ganim

RWG/bf Enc. SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Beacon Motel & Resort, LLC (Name of Limited Liab	ility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
George W. Ganim	
(Contact Person)	
Beacon Motel & Resort, LLC	
(Firm/Company)	
4666 Main Street	
(Address)	
Bridgeport, CT 06606	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
George W. Gànim at (203 372-7772 ea Code & Daytime Telephone Number) lorida Department of State for:
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	lorida Department of State for:
\$25 Filing Fee	lorida Department of State for:
	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 32314
Tallahassee, Florida 32301	

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 appears on the records of the	Florida Department	
of State is:	Beacon Motel & Resort	, LLC	·	
2. This limited liabi	lity company was organized	l under the laws of:		
3. The Florida docu <u>M 050000023</u>	_	f this limited liability company i	is:	
4. I, Thomas G		, hereby resign as a Mem	nber	
(Print No	ame of Person Resigning)		(Print Title)	
of this limited liab		e limited liability company has	been notified of my SECHETAR LAHASSE	09 MAR 13
Signature of Resi	gning Member, Managing M \$25.00 (Required)	dember or Manager	Y OF STATE E. FLORIDA	
Certified Copy:	\$30.00 (Optional)			