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K.SALY EXAMINER JAN - 9 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Deluca Ladd & Carroll, LCC (Name of Limited Liability Company)				
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	s matter to:			
Chn3topher Flam (Contact Person)	·			
(Firm/Company)	. <u> </u>			
29652 Birds Eye Dr. (Address)	· ~.			
Wesley Chapel FC 33543 (City/State and Zip Code)				
For further information concerning this matter,	please call:			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$\square\$ \$\\$55 \text{Filing Fee &}\$\$ Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301				

CR2E079 (5/06)



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SECRETARY OF STATE
TALUAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			cords of the Florida Department
	ty company was organ	nized under the laws of:	
	nent/registration numb	per of this limited liability	company is:
	ne of Person Resigning)		as a Mangaing Member (Print Title)
of this limited liabil		m the limited liability co	mpany has been notified of my
Signature of Resign	ning Member, Managi	ing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)