

L01000008959

(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:

Office Use Only



500131680885

06/26/08--01020--002 **25.00

FILED
08 JUN 26 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 27 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newlynn Associates, 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:

Karen Newman
(Contact Person)

(Firm/Company)

3236 NW 61 Street
(Address)

Boca Raton, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Newman at (561) 926-0545
(Name of Contact Person) (Area Code & 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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

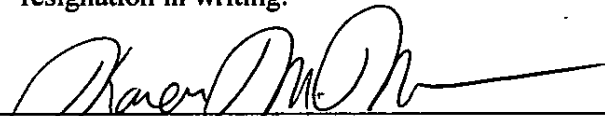
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Newlynn Associates, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L01000008959

4. I, Karen Newman, hereby resign as a manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
08 JUN 26 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA