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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GEOMAC SERVICES (Name of Limited Liability	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member of	or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the	he following:
GEORGETTE MEGNEGOR (Name of Person)	
(Firm/Company) 4405 SW 160 Ave #205 (Address)	 `
(Address) MIRAMINA F2 33027 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (Area (74) 450-3925 Code & Daytime Telephone Number)
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

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

△\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Georgette M ^E arean, hereby resign as Mem	nasins	
(Title	e)	
of GEOMAC SERVICES, LLC		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of FLORIZ	SA	
and affirm that the limited liability company has been notified in writing of the resi	-	
Collect		
(Signature of resigning manager, managing member or member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314