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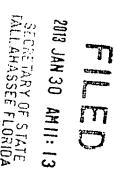
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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UAN 3 1 2012 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COA Group (Name of Limited Liability Co	ZZ Company)
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Tugn Alvarez (Contact Person)	
CDA Group LL	C SEI FALL
(Firm/Company)	SECRETARY ALLAHASS
270 Worth Shore D	ASSEE F
Migni Peach F1 331 (City/State and Zip Code)	STATE LORIDA
For further information concerning this matter, please ca	II:
(Name of Contact Person) at (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	
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 Tallahassec, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 l	limited liability company as	it appears on the records of Scoup LLC	f the Florida Department
2. This limited liabi	lity company was organized		
10500	0014308	f this limited liability comp	
4. I, Marie	Alvarez ame of Person Resigning)	, hereby resign as a	Menber (Print Title)
of this limited liab resignation in wri	pility company and affirm the	ne limited liability company	has been notified of my
Marie of Resignature of Resignature	gning Member, Managing N	Member or Manager	
	55		2018 . EECO
	\$25.00 (Required) \$30.00 (Optional)		JAN 30 ETARY HASSEE