)5000088085

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	<u>e)</u>
(Dc	ocument Number)	
(DC	ourners (various)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	Ls
	<u>-</u> -	

Office Use Only



100107985841

08/22/07--01015--002 **25.00

COVER LETTER

•	ration Section on of Corporations		
277101	on or corporations		•
SUBJECT:	3T.D.A., LLC		
	(Name of Limited Li	ability Cor	mpany)
The enclosed filing.	member, managing member or mana	ıger resiş	gnation and fee(s) are submitted for
Please return	all correspondence concerning this n	natter to:	:
Jason D.	. Winn		_
	(Contact Person)		
3T.D.A.,			_
	(Firm/Company)		
119 East	t Park Ave., Ste. 2-C		
	(Address)		_
Tallahas	see, FL 32301		
	(City/State and Zip Code)		_
For further inf	formation concerning this matter, ple	ase call:	:
Jason D.	. Winn at (850	222-7199
(Na	me of Contact Person) (A	rea Code	e & Daytime Telephone Number)
Enclosed plea	se find a check made payable to the	Florida !	Department of State for:
	\$25 Filing Fee		\$55 Filing Fee &
•	luitared.	<u> </u>	Certified Copy
STREET/CO	OURIER ADDRESS:		MAILING ADDRESS:
Registration S	Section		Registration Section
Division of Co	orporations		Division of Corporations
Clifton Buildi			P.O. Box 6327
	ve Center Circle		Tallahassee, Florida 32314
Tallahassee, F	lorida 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

	limited liability company as .D.A., LLC	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	i under the laws of:	
3. The Florida doct	ument/registration number of 88085	f this limited liability com	npany is:
_{4. I,} Judy A. \	Vinn	harahy resign as a	Managing Member
(Print N	ame of Person Resigning)	, neceby resign as a	(Print Title)
	bility company and affirm th	e limited liability compar	ny has been notified of my
Signature of Res	gning Member Managing M	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ZOOT AUG 22 PM 4 SECRETARY OF STALLAHASSEE, FLI

CR2E079 (5/06)