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FILED STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTEI	₹	
TO: Registration Section Division of Corporations		
SUBJECT: DARKHAWK CREATIVE CUSTOM LLC (Name of Limited Liability Com	pany)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Ma	anager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
LUIS BULAS, E.A., P.O.A.	01VI	υì
(Name of Person)	Sion Au	ECRE
LUIS BULAS ASSOCIATES, P.A.	2006 AUG 14	TARY
(Firm/Company)	A RECENT	OF STATE
407 ARAGON AVE	- 5	7 P P
(Address)	o ;	ሽ
CORAL GABLES, FL . 33134	_	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
LUIS BULAS, E.A., P.O.A. at (754 (Name of Person) (Area Code	368-2330 & Daytime Telephone Number)	
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	

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. MICHAEL E. STEVENS	_, hereby resign as MANAGER/ MEMBER	₹
(Title)		
of DARKHAWK CREATIVE CUSTOM LLC		,
(Limited Liabili	ty Company)	
a limited liability company organized under the lav	vs of the State of FLORIDA	≥_ '⊡
and affirm that the limited liability company has be	en notified in writing of the resignation.	SECRETA IVISION OF
Mudeal &	Stevens	ARY OF S
(Signature of resigning manager, r	nanaging member or member)	STATE SATION 7: 50

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