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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 of State is:	limited liability company a	s it appears on the records	
	ility company was organize		
3. The Florida doct	ument/registration number o	of this limited liability com	pany is:
4.1, <u>Nex</u>	De Amilo ame of Person Resigning)	, hereby resign as a _	MGPM (Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing I	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2008 JAN 2 SECRETA TALLAHAS