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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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DIVISION OF CORPORATIONS

06 MAY -9 PH 1: 27

3. BRYAN MAY 1 7 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PROLO (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Ton Probs (Name of Person)	DIVISION OF CORPORT
(Firm/Company)	
106 DANFERTH	PH 1:27
Ronta Gorda FL (City/State and Zip Code)	33780
For further information concerning this matter, please	se call:
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

CR2E079 (8/05)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

and affirm that the limited liability company has been notified in writing of the resignation.

(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

06 MAY -9 PM 1:27

SECRETARY OF STATE DIVISION OF CORPORATIONS