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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 08/02/2010 **REF. #:** 001486.129596 CORP. NAME: **DUCATUS ADVISORY LLC** () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION (XX) OTHER: RESIGNATION STATE FEES PREPAID WITH CHECK# 535 841 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

PLEASE RETURN:

(XX) CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

COST LIMIT: \$____

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MA FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN

The name of the limited liability company as it ap of State is: DUCATUS ADVISORY LLC	pears on the records of the Florida Department
2. This limited liability company was organized und THE STATE OF FLORIDA	er the laws of:
3. The Florida document/registration number of this L06000100901	limited liability company is:
4. I, PETER J. MORENO, JR. (Print Name of Person Resigning)	, hereby resign as a MANAGING MEMBER (Print Title)
of this limited liability company and affirm the liming resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Member	per or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: