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B. BOSTICK

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PAPERONE LLC.		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOHN BROSES ESP Name of Person		•
LOHNB ROBERS, P.A. Firm/Company		
5521 N. UNIVERSITY DR # 104		
COCAL SIZINGS JL 33067 City/State and Zip Code	TALLA	25.40上、20
BROGENS PA Q VAHOO, CON E-mail address: (to be used for future annual report notification)		52
For further information concerning this matter, please call:	5,2 2	7 71
JOHNB. ROGERS, ESQ at 954 752 9198 Name of Person Area Code & Daytime Telephone Number	- 1 - 2 - 1	57
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	te of Status	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 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 li	mited liability company as it appears on the records of the Flo	orida De	(*************************************
	ity company was organized under the laws of:	ELANASSIA.	18 UE C 23 SH
,	nent/registration number of this limited liability company is:	10210	57
,	ne of Person Resigning), hereby resign as a MANAC		
resignation in writi	lity company and affirm the limited liability company has been ng.	en noun	ed of my
	ning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		