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(Requestor's Name)				
(Address)				
(Address)				
: (City/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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. * .				

Office Use Only

G. MCLEOD

MAR 25 2010

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as I INVESTORS, LLC		of the Florida Department
2. This limited liabil FLORIDA	ity company was organized	d under the laws of:	
3. The Florida docur	ment/registration number o	f this limited liability com	ipany is:
4. I, Marga Deg	Witz me of Person Resigning)	, hereby resign as a	MGR & Registed Agent
of this limited liabilities resignation in write Signature of Resignature of Resi	lity company and affirm thing. ning Member, Managing N \$25.00 (Required)	ne limited liability compar	
Certified Copy:	\$30.00 (Optional)		CEU Y QU SUB 20RPORAI PH 12: 2