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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 574NDAPD PREPER (Name of Limited Liabi	THE COMPANY U.K., UC
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
AVFRED W. BEASURY JE (Contact Person)	<u></u>
	<del></del>
(Firm/Company)	
6/26 (NDIAN MEAL (Address)	low ST.
ORLANDO FU 32 (City/State and Zip Code)	819
For further information concerning this matter, pleas	e call:
ALRED W. BEASUEY, JR at (4) (Name of Contact Person) (Are	247-2054 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	<del></del>
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 li of State is: 57/	imited liability company	as it app	pears on the i	records of the	Florida Dep	partme	ent 	
	ity company was organiz	zed unde	r the laws of	f:				
	nent/registration number 2002403	r of this l	imited liabil	ity company	is:			
4. I, HIRED (Print Nat	l. BEASUTY J me of Person Resigning)	Ŕ,	hereby resig	gn as a	ANAGEI (Print Title)	2(	Mb	R
resignation in writi	lity company and affirming.  ning Member, Managing			- ·	been notifie	d of n	ny	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				SECHLTARY OF ST TALLAHASSEE FLO	08 AUG 27 AM 8:		