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2010 OCT 12 PM IN BOTTALLAHASSEE FI THE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RILYMILY, LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Robert K. Seltzer	
(Contact Person)	- ALL
RILYMILY, LLC	SECKETARY OF STATE
(Firm/Company)	ISE
1144 Woodland Terrace Trail	- P R
(Address)	
Altamonte Springs, FL 32714	35 - 1 (37
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Robert Seltzer atat407	299-1079
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
CTDEET/COUDIED ADDRESS.	MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06) -



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 of State is: RIL	limited liability company as it app YMILY, LLC	pears on the records	of the Flor		
	lity company was organized unde	er the laws of:		SECKETARY O	
3. The Florida docu L0000008	ment/registration number of this 947	limited liability com	npany is:	PH IN 18	8
4. I. Robert K. S	Seltzer	, hereby resign as a	member, m	anager, manag	ing member
,	ame of Person Resigning)		(Pri	int Title)	_
resignation in wri	pility company and affirm the lim ting. Specifical description of the lim ting of the lim ting. Specifical description of the lim ting.		ny has beer	n notified of r	ny
Filing Fee:	\$25.00 (Required)	or o			
Certified Copy:	\$30.00 (Optional)				