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	(Requestor's Name)	
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Ę,	(Address)	
	(City/State/Zip/Phone#)
PICK-UF	WAIT	MAIL
	(Business Entity Name))
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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE
FEB 1 8 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Some of Limited Liability Company)	_
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	ed for
Please return all correspondence concerning this matter to: Deadle J. Vivo (Contact Person)	08 FEB 18 PH 2: L2 SEGRETARY OF STATE TALLAHASSEE. FLORIDA
(Name of Contact Person) at () (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle 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:	limited liability company as	s it appears on the records of the	Florida Department
2. This limited liab	pility company was organize	d under the laws of:	
3. The Florida doc		of this limited liability company i	s:
4. I, ASh (Print N	ley Viney Jame of Person Resigning)	, hereby resign as a	Men.
of this limited lia resignation in wr		ne limited liability company has	been notified of my
Signature of Res	igning Member, Managing M	Member or Manager	08 SE TALI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FEB 18 GRETAR LAHASS