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ALLAHASSEF FLORIDA

DEC 2.6 2006

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	JECT: Rosenberg & McA (Name of Lin	uliffe. mited Liability C	P.L. Company)	<del></del>
The e filing.	nclosed member, managing member o	or manager res	signation and fee(s)	) are submitted for
Please	e return all correspondence concerning	this matter to	o:	
	Robin Rosenberg (Contact Person)			
	Rosenberg & McAuliffe, F (Firm/Company)	'.L.	<u> </u>	
<del></del>	1601 Forum Place, Suite (Address)	303	_	
	West Palm Beach, FL 3340 (City/State and Zip Code)	)1		
For fu	orther information concerning this mat	ter, please cai	il:	
Ro	bin Rosenberg (Name of Contact Person)	_ at ( <u>561</u> (Area Coo	) 712-474 de & Daytime Telep	6 hone Number)
Enclo	sed please find a check made payable \$25 Filing Fee	to the Florida	Department of Sta \$55 Filing Fee & Certified Cop	
Regist Divisi Clifto 2661 I	cet/courier address: tration Section on of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo	etion porations

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 lin of State is:	mited liability company as it a  MCAULIFFE L	· -		la Depar	tmeni	t
2. This limited liabili Florida	ty company was organized un	der the laws of:	·	SECRETARY TALLAHASSE	06 DEC 26	FILE
3. The Florida docum	ent/registration number of thi	s limited liability com 	pany is:	OF STATE	PH 2: 41	Ö
	Rosenberg ne of Person Resigning)	_, hereby resign as a _	Manager, (Print )	/Membe	er_	
of this limited liabil resignation in writin	ity company and affirm the lirng.	mited liability compan	y has been n	otified o	f my	
Signature of Resign	Dewberf ing Member, Manjaging Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					