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y/State/Zip/Phone	#)
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### **COVER LETTER**

Division of Corporations		
SUBJECT: KLIXXX PUBLISHIA (Name of Limited L	NG, LLC iability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Men	nber or Manager and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter	er to the following:	
Joseph Deulin (Name of Person)		06 FEB
(Firm/Company)		2
6278 N. Federal HIbHu	SALY SUITE 432	06 FEB -8 MH IO: 22
Fort Layeler Clale FZ 3: (City/State and Zip Code)	33 <u>08</u>	
For further information concerning this matter, please	call:	
Joseph Deulin at (Name of Person)	454 257-05 <b>99</b> Area Code & Daytime Telephone Nun	nber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	;
Enclosed is a check for the following amount:		
₩\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, Joseph Deulin		Manica (Title)	<u> </u>	
of KLIXXX PuBLISHING, (Limited Liability)	ムムC Company)	<u> </u>	16 S	<b>3</b>
a limited liability company organized under the laws and affirm that the limited liability company has been		• •	ation.	
Fresh Dilin	,	ORIDA	0:22	
(Signature of resigning manager, man	naging member o	r member)		

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314