#10/000/3953

(Req	uestor's Name)	
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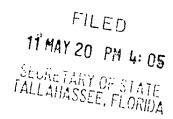
K. SALY EXAMINER MAY 23 2011

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	HUDSON OFFICE, L.L.C. (Name of Limited Lia	ability Company)
The enclosed filing.		ger resignation and fee(s) are submitted for
Please return	n all correspondence concerning this m	natter to:
TODD E.	. BENNETT, ESQ.	
	(Contact Person)	
BENNET	T & BELFORT, P.C.	
	(Firm/Company)	
24 THOR	RNDIKE STREET, SUITE 30	0
	(Address)	
CAMBRI	DGE, MA 02141	
	(City/State and Zip Code)	
For further i	nformation concerning this matter, ple	ase call:
	BENNETT, ESQ. at (_	617 577-8800 rea Code & Daytime Telephone Number)
(N	lame of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to the \$\sqrt{\sq}}}}}}}}}}}} \signtarightine{\sqrt{\sq}}}}}}}}}}} \signtarightint{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitita\sintitita}}}}}}}}}}}}}}}}}}}}}	Florida Department of State for: \$55 Filing Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 limited liability company as it ap of State is: Hudson Office, L.L.C.	opears on the records of the Florida Department.
2. This limited liability company was organized und Florida	ler the laws of: -
3. The Florida document/registration number of this L01000013953	limited liability company is:
4. I, Norman H. Higgins	, hereby resign as a Managing Member (Print Title)
(Print Name of Person Resigning) of this limited liability company and affirm the lin resignation in writing.	
Signature of Resigning Member, Managing Member	per or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: