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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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J. SAULSBERRY EXAMINER

APR 4 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 3805, LCC (Name of Limite	ed Liability Company)		
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are sub	mitted for	
Please return all correspondence concerning th	nis matter to:		
Michelle Teerlink			
(Contact Person)			
Det Fire Holdings LCE (Firm/Company)	2	2011 J	ودند. « «سنون
4546 SOUH) SICK Blud.	Sule 603	2011 APR -1 SECRETARY FALLAHASSE	Special Control Contro
(Address)		E.F.	• • • • • • • • • • • • • • • • • • •
ACKSONOI/18 FZ 360 (City/State and Zip Code)	2/6	PM 4: 06 OF STATE E. FLORIDA	.
For further information concerning this matter	, please call:		
/ 	at 904) 1249268		
(Name of Contact Person)	(Area Code & Daytime Telephone Nun	nber)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations	\$	
Clifton Building	P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 li			of the Florida Depar	tment
of State is:	3 B.eos, U.C	2		<u>—·</u> ·
2. This limited liability comp	oany was organized ur	nder the laws of:		
Flocida		_·		
3. The Florida document/reg		is limited liability com	pany is:	
	0/520	·	,	
4. 1, Paul Rohor (Print Name of Per.) son Resigning)	, hereby resign as a _	MORM (Print Title)	
of this limited liability comresignation in writing.	pany and affirm the li	mited liability compan	, ,	of my
An			TAL S	20
Signature of Resigning Me	mber, Managing Men	nber or Manager	ECRETA	2011 APR -
	(Required) (Optional)		RY OF STAI SEE, FLOR	
			Om C	>