L02000019530

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
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Certified Copies	Certificate	s of Status
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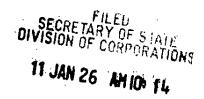
Registration Section Division of Corporations

TO:

IADDID Enterprises	110
SUBJECT: JADDIP Enterprises, (Name of)	Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
Don Keener	
(Contact Person)	
(Firm/Company)	W-9-10-1
5 Pahokee Lane	
(Address)	
Destin, FL 32541	
(City/State and Zip Code)	***
For further information concerning this m	atter, please call:
Allen Wallinder	_{at} (850 ₎ 837-5901
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to 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
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

 This limited liability company was organized under the laws of: Florida The Florida document/registration number of this limited liability company is: L02000019530 I, Don Keener (Print Name of Person Resigning), hereby resign as a (Print Title) 	Department
L02000019530	
4. I, Don Keener , hereby resign as a Managing Member and Member a	
(Print Name of Person Resigning) (Print Title)	nber and Member
	e)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	fied of my
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	