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LAW OFFICES

BROOKMYER, HOCHMAN, PROBST & NADEAU, B3

3300 PGA BOULEVARD, SUITE 500 PALM BEACH GARDENS, FLORIDA 33410 TELEPHONE (561) 624-2110 FACSIMILE (561) 624-2425 EMAIL dan@probstlaw.com BY APPOINTMENT ONLY
STUDIE LIFEPHONE (78) 123-4030
LALL AHASSEE, FLORIDA

July 17, 2003

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: WESTCOTT AND NDOVO, L.L.C.

Dear Sir/Madam:

GARY BROOKMYER

Board Certified

Wills, Trusts, and Estates

Master of Laws in Taxation DONNA NADEAU ADAMS

ELLIOT F. HOCHMAN DANIEL J. PROBST

I have enclosed a transmittal letter, together with a Resignation of Registered Agent for a Limited Liability Company, Articles of Dissolution for a Florida Limited Liability Company, and the Dissolution of Westcott and Ndovo, LLC, along with a check made payable to the Florida Department of State for \$50.00 to cover the cost of \$25.00 for a voluntarily dissolved liability company and \$25.00 for the filing fee of the Articles of Dissolution. Please file the resignation and dissolution documentation.

If you have any questions, please do not hesitate to contact me.

Daniel J. Probst

Sincerel

DJP/cl

Enclosures

cc: Mr. Peter Westcott w/enclosures

TRANSMITTAL LETTER

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GEURE LARY OF STATE TALLAHASSFE, FLORIDA

TO: Amendment Section Division of Corporations

SUBJECT: WESTCOTT AND NDOVO. L. L. C. (Name of Limited Liability Company)

DOCUMENT NUMBER: L02000025348

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Probst
(Name of Person)

Brookmyer, Hochman, Probst & Nadeau, P.A. (Name of Firm/Company)

3300 PGA Blvd., Ste. 500

Palm Beach Gardens, FL 33410 (City/State and Zip Code)

For further information concerning this matter, please call:

Daniel J. Probst at (561) 624-2110
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED AN 9: 38 LIABILITY COMPANY

SCURLIANT OF STATE FALLAHASSEE, FLORIDA

Daniel J. Probst	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for WESTCOTT AND NDOV	O, LLC
(Name of Limited Lia	ability Company)
L02000025348 (Document Number, if known)	
A copy of this resignation was mailed to the above l	icted limited liability company at its last known address
11 oop) of this too.Button tras mande to and too to	isod ininod napiney company at its last idlown address.
	d on the 31st day after the date on which this statement is filed.
The agency is terminated and the office discontinued	·
The agency is terminated and the office discontinued and t	d on the 31st day after the date on which this statement is filed. Resigning Agent)
The agency is terminated and the office discontinued and t	d on the 31st day after the date on which this statement is filed. Resigning Agent)

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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