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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| . PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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G. MCLEOD

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: LIGHTNING BOLT LEASING, LLC The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: DONALD W. WALLIS, ESQ.
(Contact Person) UPCHURCH, BAILEY AND UPCHURCH, P. A. (Firm/Company) 780 NORTH PONCE DE LEON BLVD (Address) ST AUGUSTINE, FL 32084 (City/State and Zip Code) For further information concerning this matter, please call: DONALD W. WALLIS, ESQ. at (904) 829-9066
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$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

| 1. The name of the of State is: LIC | limited liability company as it SHTNING BOLT LE | appears on the records of the ASING, LLC | ne Florida Department |
|---|---|--|---------------------------------|
| 2. This limited liab | ility company was organized u | nder the laws of: | |
| 3. The Florida docu L020000 | ument/registration number of the 32003 | is limited liability company | y is: |
| 4. I, PATRICI | A K. SEVERT | , hereby resign as a MA | ANAGER |
| (Print N | ame of Person Resigning) | | (Print Title) |
| of this limited lial resignation in wr | pility company and affirm the liting. | imited liability company ha | as been notified of my |
| Data | KSunt | | |
| Signature of Resi | gning Member, Managing Men | nber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 11 FEB 23 SECRETARY TALLAHASSEE |

CR2E079 (5/06)