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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	TIAW T	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2001 JAN 30 P 2: 31
SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Barmard Software, LLC (Name of Limited Liability)	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	
Emarie Iniques (Contact Person)	7001 JAN 30 P 2: 38 SECRETARY OF STATE TALLAHASSEE, FLORID
	FILTU BECRETARY OF STATE ALLAHASSEE, FLORID
(Firm/Company)	F. 57 2:
4657 alexander Pope Las (Address)	RIDA RIDA
SalaSuta Ll 34241 (City/State and Zip Code)	
For further information concerning this matter, please ca	11:
(Name of Contact Person) at (94)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as it ap		e Florida Depa	rtment
of State is:	arnyard Software	LLC		
Aldep of Sta	ility company was organized und	-	2001 JAN 30 P SECRETARY OF S ALLAHASSEE, FL	
3. The Florida docu	ment/registration number of this	limited liability company	2: 38 STATE LORIDA	
	0033210 FEI#550		≥ ∞	
4. I, Emacie (Print No.	Iniquez ame of Person Resigning)	, hereby resign as a <u>\rhoa</u>	Ther, Mau (Print Title) M	<u>casi</u> ng ember
of this limited liab resignation in wri	oility company and affirm the lim	nited liability company has	s been notified	of my
Signature of Resi	gning Member, Managing Memb	per or Manager		
, ,	7			
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Ontional)			