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S. HAWKES

DEC 0 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ACIAL, LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	s matter to:
JOHNTVALKO	
(Contact Person)	
(Firm/Company)	
115W. ALRORA PO	•
(Address)	
N.FIELD GENTS, OH	44067
(City/State and Zip Code)	
For further information concerning this matter,	please call:
JOHNT VALKO	330 467 -2263
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	
<u> </u>	\$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 32301	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

	nited liability company as it a		THE PARTY OF THE P
2. This limited liabilit	y company was organized ur	nder the laws of: 	3
L0300	ent/registration number of th	is limited liability compa 	any is:
4. I, John 7	r. VALKO e of Person Resigning)	, hereby resign as a	MGR (Print Title)
resignation in writin			has been notified of my
Signature (f Resign	ilg Member, Managing Men	nber∙or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		