

L03000030825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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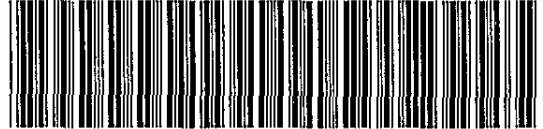
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

4/20/05

**ARNOLD, MATHENY & EAGAN, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW  
605 E. ROBINSON STREET, SUITE 730  
ORLANDO, FLORIDA 32801  
E-Mail: amelaw@ameorl.com

POST OFFICE BOX 2967  
ORLANDO, FLORIDA 32802-2967

TELEPHONE (407) 841-1550  
FACSIMILE (407) 420-1829

March 30, 2005

Florida Department of State  
Attn: Lee Rivers  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Mr. Rivers:

Please note the following instructions for each of the following limited liability companies:

SICA LLC

Enclosed please find a Resignation of Registered Agent, the Transmittal Letter and Resignation of Member, Managing Member or Manager for SICA LLC along with check number 21730 in the amount of \$85.00 and check number 21732 in the amount of \$25.00 to cover the costs of these transactions.

STARLEATHER LLC


Also enclosed please find a Resignation of Registered Agent, the Transmittal Letter and Resignation of Member, Managing Member or Manager for Starleather LLC along with check number 21731 in the amount of \$85.00 and check number 21733 in the amount of \$25.00 to cover the costs of these transactions.

Please update the records of the Secretary of State at your earliest convenience.

If you have any questions, please do not hesitate to give me a call.

Thank you for your assistance.

Sincerely,

  
Dale Barnett  
Executive Assistant

Enclosures

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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SICA LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L03000030825

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:

Arthur R. Louv  
(Name of Person)

Arnold, Matheny & Eagan, P.A.  
(Name of Firm/Company)

605 East Robinson Street, Suite 730  
(Address)

Orlando, Florida 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur R. Louv at ( 407 ) 841-1550  
(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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TALLAHASSEE FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Michael Skinner, hereby resign as Manager  
(Title)

of SICA LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

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

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