103000039367

(Requestor's Name)	
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SECKETARY OF STATE
TALLAMASSEE, FLORIDA

D. BRUCE

OCT 6 2009

EXAMINER

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	VENTURE QUEST MANAGEM (Name of Limited Liability		
The enclosed filing.	d member, managing member or manager i	resignation and fee(s) are submitted for	
Please return	all correspondence concerning this matter	r to:	
SHAWN V	W. TOLLEY, CPA		
	(Contact Person)		
TOLLEY,	DAVIS & COMPANY, P.L.L.C.	7.	
	(Firm/Company)	09 0 SECR VLLA	
97665 OV	/ERSEAS HIGHWAY	ETA HAS	1
7 0	(Address)	SEE	
KEY LARG	GO, FL 33037	F.CO	77
	(City/State and Zip Code)	RIDE	
For further in	nformation concerning this matter, please of	call:	
SHAWN V	W. TOLLEY at (30)	5 ₎ 852-9898	
(Na		Code & Daytime Telephone Number)	
Enclosed plea	ase find a check made payable to the Flori	da Department of State for: \$55 Filing Fee & Certified Copy	
STREET/CO	OURIER ADDRESS:	MAILING ADDRESS:	
Registration S		Registration Section	
Division of C		Division of Corporations	
Clifton Build	_	P.O. Box 6327	
	ive Center Circle 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

	imited liability company as		s of the Florida Department
2. This limited liabi	ity company was organized FLORIDA	under the laws of:	
3. The Florida docu L03000039 3	ment/registration number of 367	this limited liability con	npany is:
4. I, SHAWN W		, hereby resign as a	MGRM
(Print Na	me of Person Resigning)		(Print Title)
of this limited liab resignation in writ	ility company and affirm the	e limited liability compa	ny has been notified of my
			<i>;</i>
Signature of Resig	ning Member, Managing M	lember or Manager	09 OCT
Filing Fee:	\$25.00 (Required)		SER 5
Certified Copy:	\$30.00 (Optional)		FLORIDA