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(Requestor's Name)

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Lake Worth, FL 33467

(City/State/Zip/Phone #)

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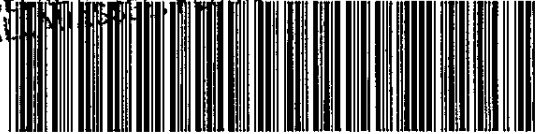
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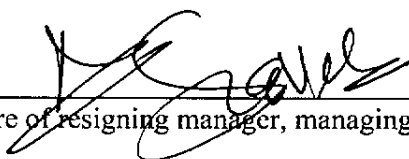
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, NINA GRAVES, hereby resign as MANAGING MEMBER
(Title)
of GRAVES CUSTOM CYCLES, 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
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