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SECRETARY OF STATE

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COVER LETTER

ro: Registration Section Division of Corporations	
SUBJECT: BO LNCK LLC (Name of Limited Liability Com	ipany)
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Tara Hetzel (Contact Person) Hetzel Accounting. Inc. P.O. Box 1034	•
(Contact Person)	
Hetzel Accounting. Inc. P.O. Box 1034	•
Paim Harbon Company	-
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(City/State and Zip Code)	The state of the s
For further information concerning this matter, please call:	PH 12: OF STA E. FLOR
Tava Hetzel at (727 (Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	Department of State for: 655 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

1. The name of the of State is:	limited liability company	as it appears on the records of LLC.	of the Flo	orida De	partme	nt -
	ility company was organi					
3 The Florida docu	iment/registration numbe	r of this limited liability comp	anv is:			
	6055784		,uny 13.		,	
4. 1, 6005 in	Sintipputo ame of Person Resigning)	, hereby resign as a _	me (P)	mDe rini Title)	21	-
of this limited lia	bility company and affirm	the limited liability company	has be	en notifi	ed of n	ny
resignation in wr	iting.			TA S	20	
/ <	3-1/1			ECF	07,	
	100 \	si'n'hur Engel		HE HE	2007 JAN -	
Signature of Resigning Member, Managing Member or Manager		SSE	5	Same in		
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milia - Dana	#25 00 (D	٠,		100	PM 12:	-
Filing Fee:	\$25.00 (Required)					