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To:

Division of Corporations

Fax Number

; (850)617-6383

L. SELLERS

From:

ACCOUNT Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS MAYLF. 9 2008

Account Number : 076666002140

Phone

: (727)461-1818

Fax Number

: (727) 441-8617

**EXAMINER** 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as utomated Mailing,		s of the Florida Departmen	.t
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc L040000	ument/registration number of 02608	this limited liability con	npany is:	
4. I. Donald Bonin		, hereby resign as a	Manager	
. (Print N	ame of Person Resigning)		(Print Title)	
resignation in wr	bility company and affirm the fring.  gning Member, Managing M.		ny faas oosii Hounea oe my	
Filing Fee: Certified Copy: CR25079 (5/06)	\$25.00 (Required) \$30.00 (Optional)			
			(((H0800009549	4 3)))