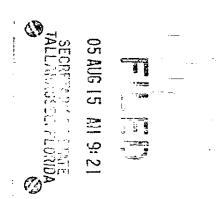
1.04000008172

Ken Ahele (Requestor's Name)						
(Address)						
201 S. Calhoun St. (Address)						
Tallahassee, FL 32801 (City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
LOY-8172 fm off Office Use Only						
Am office Use Only Res						



700058441817

08/15/05--01015--006 **25.00



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Bonnie	Α.	Rowan	, hereby resign as	Member	Manager		
of_	Rap	id	Rebate (Limited Ligh	Service ility Company)	LLC	· · · · · · · · · · · · · · · · · · ·		
a limited liability company organized under the laws of the State of Forida,								
	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