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(Reque	stor's Name)			
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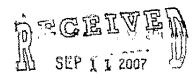
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: S04, LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
HEIKE BUSBY
(Contact Person)
ALLURE ACCOUNTING, LLC
(Firm/Company)
3665 BONITA BEACH ROAD, STE. 3
(Address)
BONITA SPRINGS, FL 34134
(City/State and Zip Code)
For further information concerning this matter, please call:
MARENA LOEFFLER at (239) 992-3355
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAÏLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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: SC	limited liability company a 4, LLC	s it appears on the records	s of the Florida De	partment
2. This limited liab	ility company was organize	d under the laws of:		
3. The Florida docs L0400000	ument/registration number o	of this limited liability con	npany is:	
4. 1, JUERGEN LOHMANN (Print Name of Person Resigning)		, hereby resign as a	MANAGING (Print Title)	MEMBER
•	bility company and affirm the	ne limited liability compa	•	d of my
Signature of Resi	gning Member, Managing M	Member or Manager	, -	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TO LLAND A	707 OCT -