

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
,	-	,
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MAY 13 2009

EXAMINER



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SECRETARY OF SIME

COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: Aggar Ergonomic Designs, LL	С
(Name of Limited Lia	
771	10 ()
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
· ·	
Please return all correspondence concerning this m	natter to:
John K. McClure	
(Contact Person)	
McClure & Lobozzo	
(Firm/Company)	
(Film/Company)	
211 S. Ridgewood Drive	
· (Address)	
Sebring, Florida 33870	
Sebling, Fiolida 55070	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
John K.: McClure at (863 402-1888
	rea Code & Daytime Telephone Number)
	· · · · · · · · · · · · · · · · · · ·
Enclosed please find a check made payable to the	
X \$25 Filing Fee	\$55 Filing Fee &
×2	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301 -	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records	of the Florida Dep	artme	nt
of State is: A	ggar Ergonomic Design	ns, LLC			<u>.</u> .
2. This limited liab	ility company was organize	ed under the laws of:			
3. The Florida docu L040000117	-	of this limited liability com	pany is:		
4. I, Donald L.	Agate, Sr. ame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)		-
	pility company and affirm t	he limited liability compan		d of m	ıy
**Please see a	attached Agreement as	s person is deceased*	*		
Signature of Resi	gning Member, Managing	Member or Manager	٠	09 MAY	SECRI DIVISION
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			Y 11 PM 2: 40	EDARY CO. 1 A 1 101