1-04000014242

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SECREPARY OF STATE
TALLAHASSEE, FLORID

FEB 8 2011

B. BOSTICK

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beat This, LLC	Liability Company)
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
John E. Sullivan	
(Contact Person)	
	TALL 11
(Firm/Company)	Come FEI
P.O. Box 1240	LAHASSE
(Address)	r a a a a a a a a a a a a a a a a a a a
Pompano Beach, FL 33061-1240	PH 2: 59 Y OF STATE EE. FLORID
(City/State and Zip Code)	10A
For further information concerning this matter,	please call:
John E. Sullivan	954 784-5644
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
(Name of Confact Letson)	(Alea Code & Daylino Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy
	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 32301	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: Bea		it appears on the records of th	e Florida Department	
2. This limited liab Florida	ility company was organized	under the laws of:		
L040000T2	242	this limited liability company	· is:	
4. I, Frank Bec	k ame of Person Resigning)	, hereby resign as a MG	R ASS 1	7
resignation in wri	pility company and affirm the	limited liability company has	⊒_(' <u> </u>	
Signature of Resi	gning Member, Managing M	ember or Manager	59 ATE ARIDA	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			