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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOUNDLESS A WENTINES, 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:
Carolyn M. Woods
(Contact Person)
Bandless Abventures LLC
10026 PLANK LAME
JAK .FL 32220
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904), 412 - 8866 (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 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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:	limited liability company as i	it appears on the records o	of the Florida Dep	oartme	ent -
2. This limited liab	ility company was organized	under the laws of:			
1 - AA	ument/registration number of 22567	this limited liability comp	any is:		
4. I, Leslie L. S	stansbury Jame of Person Resigning)	, hereby resign as a	MG (Print Title)		-
	bility company and affirm the	limited liability company	has been notifie	d of m	ıy
Signature of Page	11-03-2009 Igning Member, Managing M	ember or Manager	1		
		ember of Manager	SECREJA ALLAHA	09 NOV 17	Ţ
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SSEE FLO	7 AH .8:	ED