LU4000027159

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

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DEPANDATION OF CORPORATION
TALLAHASSES IT ORION

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SECRETARY OF SIATI

ECFS

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

OT JUL 2 PH 12:32

Examiner's Initials

OFFICE USE ONLY

CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):

1. THALLIUM (Corporation Name)	LLC L0400027159		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick u	p time Certified Copy		
Mail out Will w	ait Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILNGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		

Trademark

Other







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

	limited liability company as	it appears on the records	of the Florida Department
of State is: Th	allium LLC		
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doce L04000 0	ument/registration number of 27159	f this limited liability con	npany is:
—			
4. I, Timothy	D. Richards	, hereby resign as a	Manager
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability compar	ny has been notified of my
Limas	f D. Kulian	L	
Signature of Res	gning Member, Managing M	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		