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SECRETARY OF STATE
SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Pratt Brown & Associates	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Cynthia D Brown	
(Contact Person)	
Pratt Brown & Associates, LLC	
(Firm/Company)	
2643 Gulf to Bay Blvd. Suite 1560-4	101
(Address)	
Clearwater, FL 33759	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Cynthia D Brown at	( 727 <sub>)</sub> 796-0727 x 301
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<del></del>	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	

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#### FILED

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SEGRETARY OF STATE TALLAHASSEE. FLORIDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it att Brown & Associates		of the Florida Department	
2. This limited liabi Florida	lity company was organized u	nder the laws of:		
3. The Florida docu L0400038	ment/registration number of th	nis limited liability com	pany is:	
4. I, Thomas F	R. Pratt	, hereby resign as a _	Manager	
(Print No	nme of Person Resigning)		(Print Title)	
resignation in wri	ility company and affirm the lating.  In the lating of the		y has been notified of my	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	ertified Copy: \$30.00 (Optional)			