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(Re	questor's Name)	-	
(Ad	dress)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

CR2E079 (8/05)

Registration Section

Division of Corporations		
SUBJECT: Janama Tim (Name of Limit	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Cathleen Mount (Name of Person) Parama Trim (Firm/Company)	d Box 352	9
17462 Front Beach R	d box 352	OF T
Panama City Blach (City/State and Zip Code)	, <u>FC3</u> 2413	
For further information concerning this matter, ple	ease call:	
Cathleen Moint (Name of Person)	at (<u>850</u>) <u>625 - 886 9</u> (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee &	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Mad Mount, hereby resign as members. (Title)	<u>-</u>	
of PANAMA Tim LC (Limited Liability Company)		,
a limited liability company organized under the laws of the State of		ب
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of resigning manager, managing member or member)		
	S	DIVI

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314