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(R	equestor's	Name)	
(A)	ddress)		
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(C	ty/State/Zip	/Phone #/)
PICK-UP	<u></u> ₩	AIT	MAIL
(B	usiness En	tity Name)	
(D	ocument N	umber)	*****
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CKT Investments, LLC			
(Name of Limited Liability Company)	-		
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Kimberly L. GRAUS (Name of Person)			
(Name of Ferson)			
RICE & GRAUS. P.L. (Firm/Company)	 .		
(Firm/Company)	ALL	2004	
1900 MAIN STREET, SUFTE 300	CRETARY OF STATE LAHASSEE, FLORID 	2004 OCT -6 PM 3: 46	. ()
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JAMS 0 TA, F1. 3423 (City/State and Zip Code)	1007 1108	ယ့	
(City/State and Zip Code)	Î C Î DA	5	
For further information concerning this matter, please call:			
(Name of Person) at (941) 959-1900 (Area Code & Daytime Telephone Number	ber)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (addition	Status &)	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

Kimberly L. Graus, V. P. of 1, BKM, Incorporated , hereby resign as MANAGO (Title)	ALLAHAS	2004 OCT _	<u>`</u>
of CKT INVESTMENTS, LLC (Limited Liability Company)	Y UF STA	6 PH 3:	ED
a limited liability company organized under the laws of the State of FURTOR and affirm that the limited liability company has been notified in writing of the resignation.		<u>(</u> 94	

(Signature of resigning manager, managing member or member)

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