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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER							
TO: Registration Section Division of Corporations	•						
SUBJECT: J78,22C (Name of Limited Liability C	ompany)						
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for						
Please return all correspondence concerning this matter to	o:						
TRACI LERNER (404 (Contact Person)	309 1201)						
(Firm/Company)							
(Firm/Company)	•						
1445 MONROE DRIVE NE (Address)	APT 85						
MTLANTA, GA 30324 (City/State and Zip Code)							
For further information concerning this matter, please cal-	!:						
Ben Blood worth at (850) (Name of Contact Person) (Area Cod	333-0448 (de & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy						
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						



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	t. The name of the li	mited liability compa		opears on the rec			artment
		ity company was orga Department					
	20400	nent/registration num のひち / 949	<u> </u>				
	4.1, TRACI LO,	RNER FORMER TRACI me of Person Resigning)	DAY	, hereby resign a	as a	EMBER Print Title)	>
۲.	of this limited liabi resignation in writi	lity company and affi ing.	rm the lin	nited liability cor	npany has b	een notified	lofmy
, -	Signature of Resig	ning Member, Manag	ing Meml	er or Manager		070	SEC
	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				CT IS PM12:	FILED RETARY OF STAT ON OF CORPORAT

CR2E079 (5/06)