LO4000058893

(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 Filling Officer				
Special Instructions to Filing Officer: L. SELLERS				
JAN - 8 2010				
EXAMINER				

Office Use Only



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01/07/10--01010--013 **110.00

SECRETARY OF STATE ALLAHASSEF FLORID

N -7 PH 3:1



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		of the Florida Department
2. This limited liab	ility company was organize	ed under the laws of:	
3. The Florida doc <u>L04000058</u>	ument/registration number o	of this limited liability con	npany is:
4. I, JAMES P.	PEERY Tame of Person Resigning)	hereby resign as a	MANAGER MEMBER (Print Title)
of this limited lia resignation in wr	bility company and affirm t		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		·