LO400000a1602

| (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 Filing Officer: | | | | |
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| DB | | | | |

Office Use Only



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O7 OCT 22 AM II: 49
SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: GECKOS LLC | |
| (Name of Limited Li | ability Company) |
| The enclosed member, managing member or manafiling. | ager resignation and fec(s) are submitted for |
| Please return all correspondence concerning this r | natter to: |
| Lorenzo Espinoza | |
| (Contact Person) | |
| Geckos LLC | 07 0C1 SECRE NLLAH |
| (Firm/Company) | TASS |
| 6238 Grand Blvd | O7 OCT 22 AM II: 49 SECRETARY OF STATE ALLAHASSEE, FLORIDA |
| New Port Richey, FL 34652 | I: 49 TATE ORIDA |
| (City/State and Zip Code) | |
| For further information concerning this matter, pl | ease call: |
| Lorenzo Espinoza at ((Name of Contact-Person) | 727 389-5178 Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida 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 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| 1. The name of the li of State is: GEC | mited liability company as it a | opears on the records | of the Florida Comment |
|---|---|-----------------------------|--|
| | ty company was organized und | der the faws of: | T22 AM II: 49 HARY OF STATE ASSEE, FLORIDA |
| 3. The Florida docum | nent/registration number of this | s limited liability com | npany is: |
| 4.1, Katie Humu | la | , hereby resign as a | Member |
| (Print Nar | ne of Person Resigning) | | (Print Title) |
| resignation in writi | lity company and affirm the ling. In the ling of the line of the ling of the line of the | | ny has been notified of my . |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |