L04000074193

(Requestor's Name)									
Incien									
10255. 39250									
- SYRKCUSE UT 84075 -									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



700045187037

01/24/05-01041-009 **25.00

OS JAN 24 AM 9: 08
SECRETARY E. FLORIDA



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	STEVE	SN M	l. <u>J</u>	ul16N			hereby resign	n as _	MEMBER (Title)		
,									(Title)		
of	RED	Poin	IT	CONS	TRUCTION					,	
					(Limited Li	ability	Company)				
a limited	l liabilit	y comp	any o	organize	d under the	e laws	of the State o	of	FLORIDA		
and affir	rm that t	he limi	ted li	ability c	company ha	is beer	notified in w	vriting	g of the resignation	1.	
- •	_		<	3	- m	G	20				·÷,
		(Signa	ture	of resign	ning manag	er, ma	maging memb	ber or	member) ES	3	
									室流 "	B JAN 24	
									75.75	27	
									33.50	宝 [[
									FLO	至 9:08	
									ORI	08	
									Q,r	Т,	

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