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(Requestor's Name)				
(Address)				
	•			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	AIL.			
	_			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEE attachment (Name of Limited	d Liability Company)
The enclosed member, managing member or mfiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Contact Person)	<u></u> _
	· .
(Firm/Company)	
8575 SR 207 NOT	<u>'h</u>
(Address)	
Hastings Fl 32 (Chy/State and Zip Code)	145
For further information concerning this matter,	please call:
(Name of Contact Person)	t (<u>386</u>) <u>937-1309</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 5

1. The name of the lim	nited liability company as it ap	opears on the records	of the Florida Department
of State is: F &	EQ 1371 LL	C - FIMI	da
2. This limited liability	y company was organized und ろとし、 ししこ	ler the laws of:	
2 The Florida de sum		. 1::a	:
)	ent/registration number of this	s limited liability com	pany is:
<u> LOY OC</u>	20080167	<u>.</u> .	
4. I, VICKI L (Print Name	Rafuse of Person Resigning)	_, hereby resign as a _	Manager (Print Title)
of this limited liability resignation in writing	ty company and affirm the ling.	nited liability compan	y has been notified of my
Vich X-	Refu		
Signature of Resigni	ng Member, Managing Meml	ber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)