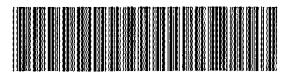
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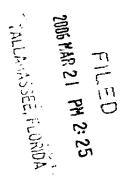
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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J. BRYAN MAR 2 4 2006

COVER LETTER -

TO:	Registration Section	
	Division of Corporations	

SUBJECT: Superior Locators LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Micheal Walcutt (Name of Person)	2006 MAR
Superior Locators	FILED MMAR 21 PA MALLAHASSEE
696 Stonge St Ste C	FLORIDA . FLORIDA
Ormand Sch F.C. 32174 (City/State and Zip Code)	

For further information concerning this matter, please call:

Shawn Pruner at 352 216-3527
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

1 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

MINNAR 21 PM 2:25

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1////
I, Micheal Walcutt, hereby resign as Treasures //3 owner
of Superior Locators LLC (Title)
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florica.
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

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