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SECRETARY OF STATE

D. BRUCE

JAN 0 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The PRS Group LLC	Climited Liability Company)
(Name of	Elimited Elability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Peter Sandor	
(Contact Person)	
The PRS Group LLC	7ALL
(Firm/Company)	DE AH
7407 Panache Way	DEC 31 PH 2: 41 RETARY OF STATE WHASSEE, FLORID
(Address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Boca Raton, FL 33433	2: 4 CORID
(City/State and Zip Code)	A
For further information concerning this r	natter, please call:
Peter Sandor	_{at (_} 561 ₎ 400-3536
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	ole to the 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

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

	imited liability company as it ap PRS Group LLC	opears on the records of	the Florida Department
2. This limited liabi	lity company was organized und	er the laws of:	08 TALL
3. The Florida docu- L0400090	ment/registration number of this 687	limited liability compar	08 DEC 31 PH
4. I, Roberta Sa	andor me of Person Resigning)	, hereby resign as a Ma	05 0
of this limited liab resignation in write	ility company and affirm the liming. Ling.	ited liability company h	as been notified of my
Signature of Resig	ming Member, Managing Memb	er or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		