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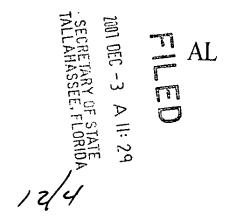
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations	
SUBJECT: Orcon Investigation (Name of Limited Liabil	
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
nathalee Hayden (Contact Person)	700 TAL
(Firm/Company)	TOEC -3 A LAHASSEE, F
6574 M. State rd7#13	A II: 29 OF STATE E, FLORIDA
Cocon it Creek fl 330 (City/State and Zip Code)	73
For further information concerning this matter, please	call:
(Name of Contact Person) at (Area (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of: Florida Cinited liability Company act, FS. chapter 608
3. The Florida document/registration number of this limited liability company is:
4. I, <u>Athalee Handen</u> , hereby resign as a <u>Marager</u> (Print Name of Person Resigning) Resigning
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Cathold Cathon
Signature of Resigning Member, Managing Member or Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)