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SECRETAR OF STATE
FI ORID

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 20E NUE (Name of Limite	STMENTS, LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	fember or Manager and fee(s) are submitted for filin
Please return all correspondence concerning this m	atter to the following:
R.V. DE Pugh (Name of Person)	
(Name of Person)	
20E INVESTMENTS, L	ic
(Firm/Company)	
2164-15 ciècle 1	OORTH
(Address)	
St. PETERSburg, FZ	3373
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
R.V. DE Pugh	at (727) 327-1521 (Area Code & Daytime Telephone Number)
(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:	
\$25 Filing Fee	S 55 Filing Fee &
CR2F079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

[,	MARTHA	KEHOE	, hereby resign as	MENDER
of	20E INVE	STMENTS, L		(Title)
			Liability Company)	
a limit	ed liability company	organized under t	he laws of the State of	Florida
and af	firm that the limited	liability company	has been notified in writin	ng of the resignation.
	malle	aloc		
	(Signature	of resigning man	ager, managing member o	r 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

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SEGRETARY OF STATE