## 104000 93630

•			
	(Requestor's	Name)	
S	TKARRAS 500 N.M # 22-300 Jupiter	د	:
	K-UP     W.		MAIL 1
<u> </u>	(Business En	tity Name)	
	(Document No		
Certified Copies	Cert	ificates of S	tatus
Special Instruct	ions to Filing Offic	er:	
		·	121
	Office U	Jse Only	TXAIL )



300044057233

01/10/05--01015--010 \*\*50.00

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Pamela Wyman	a Wyman hereby resign as Managing Member			
	(Title)	<del></del>		
of_Maptalk, LLC	and the second s			
	(Limited Liability Company)	· · ·		
a limited liability company organized	under the laws of the State of Florida			
and affirm that the limited liability co	mpany has been notified in writing of the resignation.			
Jamela	Wyman.			
(Signature of resigni	ng manager, managing member or member)	<b>ာ</b>		
	ng manager, managing member or member) JAR	<u> </u>		
	m_			
	AM 10: 51 FE STATE FLORID			
TO Y		-		

## 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