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B. BOSTICK
JUN 21 2011
EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: USCA INVES (Name of Limited Lia	TMENTS, LLC.
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
PATRICIA ARREDONDO	
(Contact Person)	
PATRICIA ARREDONDO USA	TALI
(Firm/Company) 4699 N. STATE ROAD 7, SUITE N	TELES 36 IT JUN 20 AM II: 36 ECRETARY OF STATE LLAHASSEE FLORIDA SERVICE STATE A SERVI
(Address)	
TAMARAC, FLORIDA 33319	AM II: 36
(City/State and Zip Code)	 > •••
For further information concerning this matter, plea	ase call:
PATRICIA ARREDONDO at (954 735-7962
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	
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



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 of State is:	limited liability company a USCA INVESTM	as it appears on the records of ENTS, LLC.	of the Florida Dep	eartment
2. This limited liab	oility company was organize	ed under the laws of:		
	ument/registration number of 5000001582	of this limited liability comp	pany is:	
••••	IEL GOULET Jame of Person Resigning)	, hereby resign as a	MEMBER (Print Title)	
resignation in wr	- · ·	he limited liability company Member or Manager	TALLAHASSEE	I of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TE IDA	3