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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: CLR HOLOINGS, L. | 10 |
| (Name of Limited Liabili | ty Company) |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member | or Manager and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| FARNCIS R. DELUCA, ESQ. (Name of Person) | |
| (Firm/Company) | |
| (rimecompany) | |
| 100 S € 6 ST. (Address) | |
| (Address) | |
| FONT LAVDENOALE, FL 3: (City/State and Zip Code) | 330/ |
| For further information concerning this matter, please call | : |
| FLANCIS R. DELUCA, ESQ at (9) (Name of Person) (Area | |
| (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 | S55 Filing Fee & |
| CR2E079 (8/05) | Certified Copy |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Gregory W. Long | , hereby resign as Manager/Member** (Title) |
|---|--|
| of CLR Holdings, LLC | |
| (Limited L | iability Company) |
| a limited liability company organized under the | e laws of the State of Florida, |
| (Signature of resigning managers as applicable | 2-24-06 yer, managing member or 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