LESSO 100 340/

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500114119515

01/11/08--01026--020 **25.00

OR JAN II PH 5: II
SECKED AND OF STATE
TALLAHASSEE, FLORIG

D. BRUCE

JAN 1 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: GASPART, LLC (Name of Limited Lial	bility Company)
The enclosed member, managing member or managiling.	
Please return all correspondence concerning this ma	atter to:
Ronald A. Ford	0 TA
(Contact Person)	SECRETAGY ALLAHASSE
(Firm/Company)	
4021.W. Palmira Avenue	PM 5: 11 OF STATE E. FLORIG
(Address)	——————————————————————————————————————
Tampa, FL 33629	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
a: \	813 <u>205-9774</u>
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it ap	opears on the records	of the Florida	Department
of State is: GA	SPART, LLC		==	
0.771.11.11.11				
	ity company was organized und	ler the laws of:	AS AS	
The State	of Florida		SE -	_
		<u>-</u> · ,	me -	
3. The Florida document L050000	ment/registration number of this	limited liability con	npany #3/5	
4. I. Ronald A.		, hereby resign as a		a Member
, 	me of Person Resigning)	, hereby resign as a	(Print Ti	itle)
	// .			-
of this limited liab resignation in writ	itity company and affirm the lin	nited liability compai	ny has been no	tified of my
	1/1	1.		
	100	1100		
Signature of Resig	ning Member, Managing Memb	per or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			