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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	tion Section of Corporations		
SUBJECT: _	S 4 H Publ (Name of Limited L	isbility Company)	<u>·</u>
The enclosed m filing.	ember, managing member or man	nager resignation and fee(s) are sub-	mitted for
Please return al	correspondence concerning this	matter to:	
Ste	ven R. Grey (Contact Person)		
<u>S41</u>	+ Publishing LLC (Firm/Company)	<u>-</u>	07 OCT SECRE
222T	USKEGE ST (Address)		PH 1: 06 ASSEE FLORIDA ASSEE FLORIDA
Sanfa	ORO F1. 3277 (City/State and Zip Code)	 	TATE BRIDA
For further info	rmation concerning this matter, pl	ease call:	
P.Pau (Nam	HAUTORUE at (321 231 - 8495 Area Code & Daytime Telephone Nun	mber)
Enclosed please	find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COU	RIER ADDRESS:	MAILING ADDRESS:	•

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 limited liability company as it appears on the records of the Florida De of State is: 5 + H Publishing LLC	partment 	ţ
2. This limited liability company was organized under the laws of:	07 001	
3. The Florida document/registration number of this limited liability company is:	- H P	PEO
4. I, Problem Resigning), hereby resign as a MG REFF (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified resignation in writing.	ed of my	
Signature of Resigning Member, Managing Member or Manager		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)