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

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09 AUG -6 AM ID: 32
SECRETARY OF STATE
SECRETARY OF STATE

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue Post Office Box 2327 PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

August 5, 2009

VIA FEDERAL EXPRESS

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Less is More, L.L.C.

Gentlemen:

Enclosed please find an original Resignation of Manager of the above referenced corporation, together with a check in the amount of \$25.00 to cover the cost of filing. Please file this Resignation at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

Timothy J.

TJS/mf Encl.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LESS IS MORE, L.L.C.	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
TIMOTHY J. SLOAN	
(Contact Person)	
(Firm/Company)	
427 McKENZIE AVENUE	
(Address)	
PANAMA CITY, FL 32401	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
TIMOTHY J. SLOAN	at (850) 769-2501
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
- البستما	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED

09 AUG -6 AM 10: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

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 loof State is:LES	imited liability company as it ap	opears on the records of the Florida Department
2. This limited liabil FLORIDA	ity company was organized und	ler the laws of:
3. The Florida docur L05000014	ment/registration number of this	limited liability company is:
4. I, JAMES M.	HUNNICUTT mg of Porson Resigning)	, hereby resign as a MANAGER (Print Title)
of this limited liabi	ilips company and affirm the lin	nited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	