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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: NOLES-SPELL, LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
R. MARK NOLES	
(Contact Person)	
NOLES-SPELL, LLC	
(Firm/Company)	
1520 MICHIGAN AVENUE	
(Address)	
LYNN HAVEN, FLORIDA 32444	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
R. MARK NOLES	at (850) 814-0973
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	✓ \$55 Filing Fee &
	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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company a	as it appears on the records of the Florida Do	epartn	nent
2. This limited liabili FLORIDA	ty company was organize	ed under the laws of:		
3. The Florida docum L050000184	_	of this limited liability company is:		
4. I, KEITH SPE	LL ne of Person Resigning)	, hereby resign as a MGRM)	
	ity company and affirm t	the limited liability company has been notifi		my
Signature of Resign	Seell hing Member, Managing	12/29/06 Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 MAR 28 PM	SECRETARY OF SOURCE