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. (Requestor's Name)
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SECRETARY OF STATE
TALLAHASSEF FROM

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Payroll Capital, LLC (Name of Lim	ited Liability 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:
Frank Van DeBoe	
(Name of Person)	
Payroll Capital, LLC	
(Firm/Company)	
710 Oakfield Drive # Suite 102	
(Address)	<u></u>
Prondon El 22511	
Brandon, FL 33511 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Frank Van DeBoe	at (813) 684-5684
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	1 4



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, RKB Investments, LLC	, hereby resign as Member	
	(Title)	
of Payroll Capital, LLC		
· · · · · · · · · · · · · · · · · · ·	ability Company)	
a limited liability company organized under the	laws of the State of Florida,	
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of resigning manager Robert K	Sear SECRETARY OF STATE FLORID AMONTHS. LLC	

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