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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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M. THOMAS
SEP 1 6 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Fidus Group LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
James Suplee	/
(Contact Person)	
The Fidus Group LLC	FILE MIO: 15 TALLAHASSEE, FLORID
(Firm/Company)	\$ 5 K
301 Kingsley Lake Drive #501	一 SEE, FEST OF
(Address)	9 5
St. Augustine, Florida 32092	——————————————————————————————————————
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
James Suplee at (_ 904	
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric \$25 Filing Fee	la 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

1. The name of the of State is: The	limited liability company as Fidus Group LLC	it appears on the records	s of the Florida Department
2. This limited liab Florida	lity company was organized	under the laws of:	
3. The Florida docu L05000028	ment/registration number of	this limited liability con	npany is:
·	ame of Person Resigning) pility company and affirm the		Managing Member (Print Title) ny has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	2009 SEP 15 AM II SECRETARY OF S