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SECRETARY OF STATE
APASSEF FLORIDA

D. BRUCE

APR 06 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: ETC FTL LLC (Name of Limited Liab	pility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Mark Spillare (Contact Person)	
EIG-FTL LLC (Firm/Company)	2 APR -5
P.O. Box ZK	Y OF STATE SEE, FLORIC
Boca Ratow, PL 334 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (Are	200 368-0008 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fi	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a	ppears on the records of the Florid	a Department	
	lity company was organized und			
_	ment/registration number of this	s limited liability company is:		
65000	028736	∴		
4. I,	ame of Person Resigning)	_, hereby resign as a CFA (Print To	Margae_	_
,	ility company and affirm the lir	nited liability company has been in	## 7	-:N
resignation in wil	ing.		X-5 TARY HASS	
				П
Signature of Resig	gning Member, Managing Mem	ber or Manager	I: O4 STATE FLORID	O
Filing Fee:	\$25.00 (Required)		₽*	
Certified Copy:	\$30.00 (Optional)			