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SECRETARY OF STATE
DIVISION OF STATE



COVER LETTER

COVEREDI	
TO: Registration Section Division of Corporations	
SUBJECT: RIGHTSOF (Name of Limited Liability)	
	y 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:
JAMES D. DANIEL (Name of Person)	
R 16HT SOFT (Firm/Company)	2006 DCT 19
1225 Country Charm LN A	7
JAY. F. 32235 (City/State and Zip Code)	FAIL KATION
For further information concerning this matter, please call:	
TOHN LONG FED-SMITH at (90 (Area	Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, James D. Daniel , hereby resign as MANAGIAC, Menus	8 <i>8</i> 22
P 10 UTCAPA	
of NGTT OF LCC (Limited Liability 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, managing member or member)	
	2

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