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SECRETARY OF STATE OF

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bill Carnley (Name of Limited L.)	<u>L, L. C.</u> iability Company)	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted f	for
Please return all correspondence concerning this r	natter to:	
Bill Carrley (Contact Person)	****	
Bill Carnley L.L.C.	07 MB	OISIAID 850
240 Howard St.	MAR 20	N OF COR
Niceville, F2. 32578 (City/State and Zip Code)	 3: 	CRE JARY OF STAIL ON OF CORPORATIONS
For further information concerning this matter, pl	ease call:	
Bill Cornley at (Name of Contact Person)	SSO) 897-3812 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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	limited liability company as it appears on the records of the Flori	ida Dep	artment
of State is: _B	Il Carnley L.L.C	0	旦.
	lity company was organized under the laws of:	7 MAR 20 PM 3: C	FILED SECRETARY OF STATI VISION OF CORPORATION
3. The Florida docu <u>2 Ø5 ØØ</u>	ment/registration number of this limited liability company is:	06	ONS
4. I, William (Print No.	m to seph fantil, hereby resign as a Managine of Person Resigning), hereby resign as a Managine (Printing)	ing N	<u>lem</u> ber
of this limited liab resignation in wri	ility company and affirm the limited liability company has been ting.	notified	d of my
Mille	Just Frie		,
Signature of Resig	gning Member, Managing Member or Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		