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(Ke	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

OCT 3 1 2008

EXAMINER

COVER LETTER

1

TO: Registration Section

CR2E079 (5 06)

Division of Corporations	
SUBJECT: Name of Limited	C inhility Company
(Name of Limited)	Ciaonny Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MATT Alexander (Contact Person)	
(Firm Company)	
H 11 BCACKWATER (Address)	<u>er</u>
KEY LARGO FL 3303	<u> </u>
For further information concerning this matter, p	
MATI AIEX at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	**EFlorida 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



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 305MB_CCC	**	ords of the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
	ument/registration number o	f this limited liability	company is:
of this limited lia	bility company and affirm th		ns a <u>Maria Solution</u> (Print Title) Inpany has been notified of my
Signature of Res	igning Member, Managing N		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
			2008 SEC

CR2E079 (5 06)