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T. HAMPTON



## **COVER LETTER**

	Registration Section Division of Corporations		•
SUBJE		<del> </del>	
	(Name of Limited	d Liability Cor	mpany)
The encl	losed member, managing member or m	anager resig	gnation and fee(s) are submitted for
Please re	eturn all correspondence concerning th	is matter to:	
DAVID	A. DANCU		
	(Contact Person)		<del></del>
ATTOF	RNEY AT LAW		
	(Firm/Company)		_
РО ВС	OX 337		
	(Address)		_
NAPLE	ES, FL 34106		
	(City/State and Zip Code)		<del>-</del>
For furth	ner information concerning this matter,	please call:	
DAVID	A. DANCU	<sub>t (</sub> 239	434-2497
<del></del>	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed	d please find a check made payable to t  \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
Registra Division Clifton E 2661 Exe	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, 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

	limited liability company as inte' Natural Products		s of the Florida Depart	ment ·
2. This limited liab	oility company was organized	d under the laws of:		
3. The Florida doc L0500004	ument/registration number o 1585	f this limited liability cor	mpany is:	
4. I, William W	ernet  Vame of Person Resigning)	, hereby resign as a	Mgr/MgrM (Print Title)	
· ·	bility company and affirm th	ne limited liability compa		f my
Signature of Res	igning Member, Managing M	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		=	PIVIS

CR2E079 (5/06)

SECRETARY OF SAMEOUS