# 105000044651

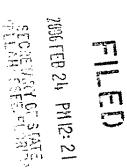
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: V-1 TITUSVILLE, LLC				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing	Member or Ma	anager and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this	matter to the fo	ollowing:		
Leon G. McCranie, IRA-Rollover, Member				
(Name of Person)				
Charles Schwab & Co., Inc., Custod	lian	_		
(Firm/Company)				
767 Horseman Drive		_		
(Address)			- ~	
Port Orange, FI 32127-4903			SECR.	
(City/State and Zip Code)				
For further information concerning this matter, please call:			B 24 PHI	
Leon G. McCranie	at ( 386	) 589-6541	2006 FEB 24 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLOSES	
(Name of Person)	(Area Code	& Daytime Telephone l	Number :	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ns	
Enclosed is a check for the following amount:				
\$25 Filing Fee	V.	555 Filing Fee & Certified Copy		

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JUAN A. LOEBEL	, hereby resign as MEMBER
	(Title)
of_V-1 TITUSVILLE, LLC	
(Limited Lia	bility Company)
a limited liability company organized under the	laws of the State of Florida
and affirm that the limited liability company has	s been notified in writing of the resignation.
(Signature of resigning manage	er, managing member or member)

#### 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