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SECRETARY OF STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
O7 JAN 12 PM 2: 29

J.BRYAN JAN 1.6 2007.

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: On Call Constanting Sics, buc (Name of Limited Liability Company)						
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
Contact Person)						
1 and 2 fending LC						
3715 E, 74 AVE, (Address)						
Tampa FL 33605 (City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (873) 380-1299 (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327						

Tallahassee, Florida 32314

CR2E079 (5/06)

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 re	cords of the Florid	la Department
of State is:	TOAC	t fer	iding a	40	
					S ON I
2. This limited liab	ility company w	as organized u	nder the laws of:		OT JAN 12
PLO	<td></td> <td><b>•</b></td> <td></td> <td>12</td>		<b>•</b>		12
					PH
3. The Florida docu	ment/registration	n number of th	is limited liabilit	y company is:	PH 2: 29
L0500	004979	7	··*		29
4. I, <u>(Vi LBE)</u> (Print N	270 Ul ame of Person Resi	ELPA,	, hereby resign	n as a M G M	NR Title)
of this limited lial resignation in wri		nd affirm the l	imited liability of	ompany has been r	otified of my
Will U	ly			_	
Signature of Resi	gning Member,	Managing Mer	nber or Manager	-	
Filing Fee:	\$25.00 (Requ	ired)			
Certified Copy:	\$30.00 (Requ	•			