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B. BOSTICK

MAY - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T.H. Mahoney, LLC (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:
Frank D. Klein, Esq. (Contact Person)
Frank D. Klein, P.A. (Firm/Company)
6709 Ridge Rd. Suite 106
(Address) Port Richey, FL 34668
(City/State and Zip Code)
For further information concerning this matter, please call:
Frank D. Klein at (727) 849-2303
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, 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

1. The name of the limited of State is: T.H. Mah		appears on the records	of the Flori	da Dep	artmer	ıt
2. This limited liability com	pany was organized u	nder the laws of:				
3. The Florida document/re_ L05000051426	gistration number of th	nis limited liability con	npany is:	SLUKE ASS	11 MAY -4	Pical production of the state o
4. I, MICHAEL A. MA	HONEY	, hereby resign as a	Manage	Min Min	-0	
(Print Name of Person Resigning)			(Print	Title)	10	
of this limited liability corresignation in writing.	npany and affirm the l	imited liability compar	ny has been i	netified		/
muchael at	rahoney:	3/1/20n				
Signature of Resigning M	ember, Managing Mer	nber or Manager				
	0 (Required)					
Certified Copy: \$30.0	0 (Optional)					