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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Matrix Adventures, LLC (Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this	matter to the following:	
William L. Perez (Name of Person)		
Matrix Adventures, LLC (Firm/Company)	2006 NOV -2 SECRETARY ALLAHASSE	
9016 Philips Hwy.	TO THE TOTAL	
Jacksonville, FL 32256 (City/State and Zip Code)	1: 26 TATE ORIDA	-
For further information concerning this matter, p	lease call:	
William L. Perez (Name of Person)	at (904) 739-2722 (Area Code & Daytime Telephone Number)	,
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	
Enclosed is a check for the following amount:		
\$25 Filing Fee CR2E079 (8/05)_	S55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Jacob K. Nobles	, hereby resign as Managing Member
	(Title)
of Matrix Adventures, LLC	
(Limited Liability	Company)
a limited liability company organized under the laws and affirm that the limited liability company has been (Signature of resigning manager, m	en notified in writing of the Resignation. ARESIGNATION ARESIGNATION

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