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TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: SUPER REVERB, L.L.C.	
	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
(Contact Person)	
Ira S. Silver, Esq.	
(Firm/Company)	
108 South Miami Avenue, Second	Floor
(Address)	
Miami, Florida 33130	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Ira S. Silver, Esq.	305 374-4788
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
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 limite of State is: SUPER	d liability company as it a REVERB, L.L.C.	appears on the records	s of the Florida D	epartr	nent —·
2. This limited liability con FLORIDA	ompany was organized un	der the laws of:		M 80	SEC
3. The Florida document/ L05000057649	registration number of thi	is limited liability con 	npany is:	08 HAR 31 AH	RETARY OF ON OF CORPO
4. I, JAY WHITE	Person Resigning)	_, hereby resign as a	Manager (Print Title	 89	STATE RATIONS
of this limited liability of this limited liability of resignation in writing.	ompany and affirm the li				my
-	5.00 (Required) 0.00 (Optional)				