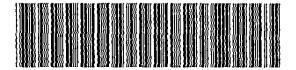
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	\neg	
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OS DEC 15 PM 12: 30 SECRETARY DESTATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Avalon Solutions, LLC (Name of Limited I	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	mbar or Managar and foo(a) are gibraited for filing
	-
Please return all correspondence concerning this mate	ter to the following:
William D.S. Smitley	
(Name of Person)	
Avalon Solutions, LLC (Firm/Company)	
(ranicompany)	
8410 Arbor Gate Ct.	
(Address)	
Orlando, FL 32819	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
William D. O. O.	407 070 0000
	(407) 876-2289 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Dayume Telephone Number)
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	
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
hand 7	Certified Copy
CR2E079 (8/05)	••



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Robert G. McAdams	, hereby resign as Manager
	(Title)
of Avalon Solutions, LLC	
(Limite	d Liability Company)
a limited liability company organized under	the laws of the State of Florida
and affirm that the limited liability company	v has been notified in writing of the resignation.
Hold SI	Klalens
(Signature of resigning man	nager, 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

5 DEC 15 PM 12: 3
ECRETARY OF STA