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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer	821
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Schoof of Vito edus Group, LUC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Josephine P. Schaaf (Name of Person)			
Schaef & VITORIUS GRADUP, UC. (Firm/Company)			
2204 Cypress to Now Ctr			
Sefety Harbon FC 32696 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (B13) B33-77 1 (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \text{CR2E079 (8/05)} \text{\$\frac{1}{255}\$ Filing Fee & Certified Copy}			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Josephine P. Schaaf, hereby resign as President
of School & Vito Rico TROUP, CU. (Limited Liability Company)
a limited liability company organized under the laws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, 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

CR2E079 (8/05)