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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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C. LEWIS
FEB 2 2009
EXAMINER

COVER LETTER

CR2E079 (5/06)

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: DEBAUFRE (Name of Limited L | Liability Company) |
| The enclosed member, managing member or mar filing. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: |
| Midaron Knewit | tz |
| Debaufse UC (Firm/Company) | |
| 4142 Mariner Br (Address) | Jd # 521 |
| Spring Hill, FL (City/State and Zip Code) | 34609 |
| For further information concerning this matter, p | lease call: |
| Mame of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for: \$55 Filing Fee & Certified Copy |
| 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 |



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JEANETARY BI STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | nited liability company as it EBAJFRE L | | the Florida Department |
|-----------------------------|--|-----------------|------------------------|
| | y company was organized u | | |
| | ent/registration number of th | • • | ny is: |
| (Print Name | 2newitz cof Person Resigning) ty company and affirm the li g. | | (Print Title) |
| | ng Member, Managing Mer | nber or Manager | |
| Filing Fee: Certified Copy: | ` • | | |