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SECRETARY OF STATE OLYTSION OF CORPORATIONS





Division of Corporations		
SUBJECT: BPSG, LLC		
	imited Liability Company)	—
Dear Sir or Madam:		
The enclosed Resignation of Member, Managir	ng Member or Manager and fee(s) are submitted	for filing.
Please return all correspondence concerning thi	s matter to the following:	
DeAnn Mullins		
(Name of Person)		
(Firm/Company)		22 9
330 Ohio Avenue		2006 AUG 14 PH 12: 0
(Address)		
(Address)		GIL PHIZ: 07
ynn Haven, Florida 32444		2
(City/State and Zip Code)		
For further information concerning this matter,	please call:	97
DeAnn Mullins	at (850) 271-8426	
(Name of Person)	(Area Code & Daytime Telephone Number	r)
TREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
661 Executive Center Circle	Tallahassee, Florida 32314	
allahassee, Florida 32301	Tananassee, Fiorida 32314	
Enclosed is a check for the following amount	:	
✓ \$25 Filing Fee	\$55 Filing Fee &	
PR2E079 (8/05)	Certified Copy	**



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DeAnn Mullins	, hereby resign as Member
	(Title)
of BPSG, LLC	
	(Limited Liability Company)
a limited liability company organize	d under the laws of the State of Florida
and affirm that the limited liability of	company has been notified in writing of the resignation.
() e ()	$\frac{1}{2}$

(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

2006 AUG 14 PH 12: 07

SECRETARY OF STATE OF CORPORATIONS