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## **COVER LETTER**

TO: Registration Section Division of Corporations	· <del>-</del>
SUBJECT: Contour Enter C (Name of Limited L	Cises, LLC liability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Anthony Farkas (Contact Person)	
Contour Enterprises, (Firm/Company)	CONTOCT -
3751 NW 119 Ave. (Address)	RETARY OF STATE AHASSEE, FLORIDA
Suncise, FL 33393 (City/State and Zip Code)	OS IDA
For further information concerning this matter, p	lease call:
Orion J Burnhamur at ( (Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

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 of State is:	limited liability compan	y as it appears o	on the records of	the Horida Department of the Horida Department of the Horizon of t	artment
2. This limited liab	ility company was organ	nized under the	laws of: ــــــ	-4 P 3 0 ARY OF STATI	ED
	ment/registration numb 5 88537	er of this limited	d liability compar	ny is: A	
	Burnham, Jame of Person Resigning)			•	
of this limited lial resignation in wri	oility company and affiriting.	m the limited lia	bility company h	as been notified	of my
Buar Signature of Resi	Reunham gning Member, Managin	ng Member or N	 1anager	. "	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				
common copy.	\$20.00 (Optionar)				