L050000 gas	501
-------------	-----

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Dc	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	4

4

•

ł



01/03/06--01042--028 \*\*55.00

FILED 7056 JAN - 3 PM 2: 04 ON OF CORFORATIONS LLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: <u>XC</u> (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:

erson) ompany)

3186 Manu (City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Person)

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

#### Enclosed is a check for the following amount:

\$25 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Certified Copy

CR2E079 (8/05)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# **RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

1, Darbara hereby resign as (Title) of (Limited Liability Company) a limited liability company organized under the laws of the State of V IN

and affirm that the limited liability company has been notified in writing of the resignation.

در از . سقم ا ÷. - ----(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)