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COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations	
SCBGEC1:	UE OF LABELLE, LLC
(Name of Lin	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
JOHN JAY WATKINS, ESQUIR	2009, SEC TALL,
(Contact Person)	AR APR
JOHN JAY WATKINS, P.A.	SECRETARY OF ALLAHASSEE.
(Firm/Company)	FLC
P.O. BOX 250	PM 3: 34 OF STATE E. FLORIDA
(Address)	
LABELLE, FL 33975	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
JAY WATKINS	at (_863) 675-4424
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\sqrt{1}\$	to the Florida Department of State for: \$55 Filing Fee &
Y 122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certified Copy
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STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

pears on the records of the Flo F LABELLE, LLC	rida Depar	tment
er the laws of:	SECH TALLA	
limited liability company is:	OF S	m
, hereby resign as a MGRM	ORIDATE 4	_ _
	n notified o	of my
	F LABELLE, LLC er the laws of: limited liability company is: , hereby resign as a MGRM (Pr	limited liability company is: SECRETARY OF STATE AHASSEE, FLORIDA (Print Title) SECRETARY OF STATE (Print Title)

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)