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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TEILOGY GOORNAME (Name of Limited Liability)	SE PASTS ILC ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted fo
Please return all correspondence concerning this matt	er to:
LOESEPH L. FISCESC (Contact Person)	# ANTONIA ANTONIA
TRUGS EQUIPMENT & An	SECRE TALLAH
1645 SAIRPOISE DOZ. (Address)	SECRETARY OF STATE ALLAHASSEE, FLORIC
BARTOW FL 33830 (City/State and Zip Code)	3: 31 STATE LORIDA
For further information concerning this matter, please	e call:
Name of Contact Person) at (Area	286-1936 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a	•		tment
	ity company was organize	ed under the laws of:	2001 JAN -2 SECRETARY TALLAHASSE	
	ment/registration number o なり7646			m O
(Print Nai	me of Person Resigning) ility company and affirm ting.		(Print Title)	of my
Signature of Resig	ring Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
CB3F030 (5/06)				