L05000103675

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500062742405

01/05/06--01049--019 **25.00

06 JAN -6 PH 2: 25
SECKEL SIATE
ANALYSIS SIATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KRAFT, THANKEY & ASSOCIATES (Name of Limited Liability Control of	
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	,
ASHISH A. THANKEY (Name of Person)	
KRAFT, THANKEY & ASSOCIATES LC (Firm/Company)	
11182 NW 34TH CT (Address)	
CORAL SPRINGS FL 33065-7084 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ASHISH A THANKEY (Name of Person) at (954) (Area Co	369-1513 ode & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MATTHEW L. KRAFT	, hereby resign as MEMBER	
	(Title)	
of KRAFT, THANKEY & ASSOCIATES LC		
(Limited Liability Company)		
a limited liability company organized under the law	ws of the State of FLORIDA	
and affirm that the limited liability company has been notified in writing of the resignation.		
Mil	4//	
(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