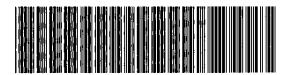
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C. LEWIS

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EXAMINER

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations				
SUBJ	ЕСТ:	RFL	SECURI (Name of Limit	TLES	LLC
			(Name of Limit	ed Liability (Company)
The er filing.		er, managi	ing member or r	nanager re	signation and fee(s) are submitted for
Please	return all cor	responden	ce concerning tl	his matter t	to:
F	2055 C	HARN	Person)		
		(Contact P	erson)	•	
R	FC SE	(Firm/Con	TES LL	C	
_4	1611 50	(Addres	UNTUER.	5076	<u>0</u> Λωε 13 446
<u>D/</u>	AULE,	F L (City/State and	33328 1 Zip Code)		
For fu	rther informat	ion concer	ning this matter	r, please ca	11:
Ro	SS CHA	e no		at (516	bde & Daytime Telephone Number)
	(Name of	Contact Pen	son)	(Area Co	de & Daytime Telephone Number)
Enclos	sed please find	d a check n 25 Filing Fe	nade payable to	the Florida	Department of State for: \$55 Filing Fee & Certified Copy
STRE	ET/COURIE	R ADDRI	ESS:		MAILING ADDRESS:
	ration Section				Registration Section
-	on of Corpora				Division of Corporations
	n Building				P.O. Box 6327
	Executive Cen assee, Florida				Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

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

	PFC SECURITE	•	of the Florida Department
2. This limited lial	bility company was organized	under the laws of:	
STATE	OF FLOREDA	·	
	cument/registration number of		pany is:
4. I,	CILARNO Name of Person Resigning)	, hereby resign as a _	PRE-SZOENT (Print Title)
of this limited lia resignation in w	ability company and affirm the riting.	limited liability company	y has been notified of my
Non Chan Signature of Res	igning Member, Managing M	ember or Manager	
orginature of Nes	ngining Memoer, Managing M	omber of ividinger	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		