L05000107590

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



000136774300

10/17/08--01017--002 **25.00

2000 OCT 17 A IC 36
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T. HAMPTON

OCT 2 0 2008

EXAMINER.

COVER LETTER

TO: Registration Sect Division of Corp			
Division of Corp	orations		
SUBJECT: ASD, LL	_C		
	(Name of Limited	Liability Comp	pany)
The enclosed member, n filing.	nanaging member or m	anager resign	ation and fee(s) are submitted for
Please return all correspondent	ondence concerning thi	s matter to:	
James A. Durham	1		
(C	Contact Person)		
ASD, LLC			
(Fi	irm/Company)		
321 Smith Road			
	(Address)		
Apalachicola, Flor	rida 32320		
(City/S	State and Zip Code)	-	
For further information of	concerning this matter,	please call:	
James A. Durham)a	850	653-5193
(Name of Contr	act Person)	(Area Code &	t Daytime Telephone Number)
Enclosed please find a c	heck made payable to t	he Florida De	epartment of State for:
	ling Fee	\$5	55 Filing Fee &
		_	Certified Copy
STREET/COURIER A	ADDRESS:	1	MAILING ADDRESS:
Registration Section)	Registration Section
Division of Corporations	s		Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center (Fallahassee, Florida 32314
Tallahassee, Florida 323	301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: AS		it appears on the records of the Florida Departmen
2. This limited liab State of Flo	ility company was organized orida	l under the laws of:
3. The Florida doc L0500010	_	f this limited liability company is:
4. I, Dell Schne		, hereby resign as a MGRM
•	<i>lame of Person Resigning)</i> bility company and affirm th	(Print Title) ne limited liability company has been notified of my
	Include igning Member, Managing M	Member or Manager
- C	\$25.00 (Required) \$30.00 (Optional)	l A

CR2E079 (5/06)

2008 OCT 17 A ID: 36 SECRETARY OF STATE