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COVER LETTER

TO: Registration Section Division of Corporations The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (5/06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 lin				•		•
of State is:	The Plain	nmakers	Conne	ction, L	<u>L</u> C	
2. This limited liabilit	y company was orga		ws of:			
3. The Florida docum	ent/registration num	ber of this limited	liability compan	y is		
4.1, Marci	De Julio	, hereby	resign as a 🗘	1 Amage	·	
(Print Name of this limited liability resignation in writing	ity company and affi			(1 cmm 1 mod)	of my	
May Signature of Resign	ing Monder, Manag	ing Member or M	 anager			
		- -		, A	lulor	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			• •	07 SEP 20	SECRI DIVISION
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