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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Power On Demo	d Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing N	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
(Name of Person)	sct.
(Firm/Company)	
2176 Neva VicaGE.	Drive
DAVIC FLA 33317 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
(Name of Person)	at (<u>95Y) 701 -5749</u> (Area Code & 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 CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

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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

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