L05.000114690

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
. (Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Status <u>· · · ·</u>	
Special Instructions to	Filing Officer:	
·		
•	Office Use Only	



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09 JUN 26 PM 1: 43
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

J. BRYAN

JUN 29 2009

EXAMINER

6094-22153

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: + wo Steps L. (Name of Limited I	LC Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Chandler Huff (Contact Person)	
+ωο Steps LLC (Firm/Company)	09 JUN 26 PH 1: 43 SECRETARY OF STATE FALL AHASSEE. FLORID
P.O. B. 5244 (Address)	RY OF STAREE, FLOR
M. Ce J. //e, F/ 32. (City/State and Zip Code)	578 Sm W
For further information concerning this matter, p	lease call:
Chandler Haff at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of wo Steps LLC	of the Florida Department
	ility company was organized under the laws of:	99 SE
3. The Florida docu	ument/registration number of this limited liability comp	E P
or ans innica na	T KRUSE, hereby resign as a part of Person Resigning) polity company and affirm the limited liability company	(Print Title)
resignation in wr	gning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	