L05000116364

(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/06/06--01015--006 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: TILL GAS L C (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to: Contact Person Property Propert
(Firm/Company) 1216 NE 93 (Address) (Address) M1MM (Shoves A 33/38) (City/State and Zip Code)
For further information concerning this matter, please call: LvA Gv571 Acu at (2,5) 3338780 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS. MAILING ADDRESS.

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

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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 limited liability company as it appears on the records	of the Florida Department
of State is: DT/IGAS, LCC	ALES DE
2. This limited liability company was organized under the laws of:	588
Florida.	
3. The Florida document/registration number of this limited liability com L05000116364	> —
4. I, Kurt Gus Tinber, hereby resign as a (Print Name of Person Resigning)	Monteine Produ
of this limited liability company and affirm the limited liability compar	
resignation in writing.	ny mas occur nounced of my
11/28/06	
Signature of Resigning Member, Managing Member or Manager	The second secon

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)