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ZOOT AUG TO P U: 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WILLIAMS AND CARTE (Name of Limited Liability	
The enclosed member, managing member or manager rafiling.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
HAROLD B CARTER (Contact Person)	
WILLIAMS AND CAPTER, LLC (Firm/Company)	2001 AUG SECRETA TALLAHAS
3249 EL CAMINO REAL (Address)	10 F
WEST PALM BEACH FL 33409 (City/State and Zip Code)	STATE LORIDA
For further information concerning this matter, please of	call:
HAROLD B. CARTER at (51) (Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy
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

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 lin	mited liability company as it appears on the reco	rds of the Florida Department
of State is: W	ILLIAMS AND CARTER, LLI	<u>C</u> .
2. This limited liabili	ty company was organized under the laws of:	Z001 AUG 10 P SECRETARY OF TALLAHASSEE, F
3. The Florida docum	ent/registration number of this limited liability of	company is: ST F. O
L05000	nent/registration number of this limited liability of the li	RIDA
4. I, ASHLEY (Print Nam	T. WILLIAMS , hereby resign as	s a MG RM (Print Title)
resignation in writing	PWilleams	pany has been notified of my
Signature of Resign Filing Fee: Certified Copy:	ing Member, Managing Member or Manager \$25.00 (Required) \$30.00 (Optional)	