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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Licensing Advanta	ge, LLC (Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member	er, Managing Member or Manager and fee(s) are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
Jana Sheckler	
(Name of Pers	on) As
Licensing Advantage, LLC	CCRE 1
(Firm/Compar	SSE 2
5808 Aurora Avenue	T JUL 27 A 6:  RETARY OF STATE AHASSEE, FLORID
(Address)	RIDA RIDA
Pensacola, FL 32506	7
(City/State and Zig	p Code)
For further information concerning t	his matter, please call:
Jana Sheckler	at ( 214 ) 257-0972
(Name of Person)	(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	ng amount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, James Darin Boyd	, hereby resign as Partner
	(Title)
of Licensing Advantage, LLC	
(Limited Liabilit	y Company)
a limited liability company organized under the law	s of the State of Florida
and affirm that the limited liability company has be	7/31/07 F

#### 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