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SECRETARY OF STATE
TALL AHASSEE, FLORID A

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T. CLINE

JUN 24 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Daniel Distribution Cor (Name of Limited L.)				
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for			
Please return all correspondence concerning this t	natter to:			
Peter Hone				
(Contact Person)				
Daniel Distribution Company, L	LC			
(Firm/Company)	2008 SEC			
1750 J&C Boulevard, Suite 1	SECRETARY OF STATE ALLAHASSEE. FLORID			
(Address)	SSE SSE			
Naples, FL 34109				
(City/State and Zip Code)	07KH 2: 1			
For further information concerning this matter, pl				
Peter Hone at (239) 298-1072			
	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	MAILING ADDRESS: Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ne limited liability company as it a aniel Distribution Con		of the Florida	Department
2. This limited lia Florida	ability company was organized un	der the laws of:		ZIUB JUN 23
L06000		_	:	TARY OF STATE
4. I, Stanley	Siede	_, hereby resign as a	Member	黑 二
, 	Name of Person Resigning)	_, , , , , , , , , , , , , , , , , , ,	(Print Til	lle) a
of this limited l resignation in v	iability company and affirm the liveriting.	mited liability compar	ny has been not	tified of my
		>		
Signature of Ro	esigning Member, Managing Mem	nber or Manager		
Filing Fee:	\$25.00 (Required)			

\$30.00 (Optional)

Certified Copy: