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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lucid Technologies, LLC (Name of Limited Liability)	Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member of	or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Derek Weakley (Name of Person)	
Lucid Technologies, LLC (Firm Company)	TAGE 06 F
5565 64th Way N. , Suite D	PR 24 P
St. Petersburg, FL 33709 (City/State and Zip Code)	PH 3: 54
For further information concerning this matter, please call:	P
Derek Weakley at (76) (Name of Person) at (Area of	27 709-9646 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 amount:	
☑\$25 Filing Fee	\$55 Filing Fee &

CR2E079 (8/05)

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John C. Thomson, Sr., hereby resign as MGRM (Title)	
of Lucid Technologies, L.C. (Limited Liability Company)	
a limited liability company organized under the laws of the State of Hovida,	
and affirm that the limited liability company has been notified in writing of the resignation.	
(Signature of resigning manager, managing member or member) (Signature of resigning manager, managing member or member)	

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