L0600003958

		\ -
(Re	equestor's Name)	
(Ac	ldress)	(
	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ri	siness Entity Nar	ma)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF COSPORATION

COVER LETTER

Division of Corpo		
SUBJECT: DTM IN		Liability Company)
The enclosed member, m	anaging member or ma	anager resignation and fee(s) are submitted for
Please return all correspo	ondence concerning this	s matter to:
Cassie L. Giscla	ntact Person)	
Broad and Cass	sel rm/Company)	
100 North Tamp	oa Street, Suite	<u>3500</u>
Tampa, FL 336	tate and Zip Code)	
For further information c	oncerning this matter,	please call:
Cassie L. Giscla		(813) 225-3013 (Area Code & Daytime Telephone Number)
Enclosed please find a ch		ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	fircle	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

	limited liability company as i M Instruments, LLC		of the Florida De	partm	ent _·
2. This limited liab Florida	ility company was organized	under the laws of:			
3. The Florida docu L060000	ument/registration number of 03958	this limited liability con	npany is:		
4. I, Maxwell	Clark	, hereby resign as a	Manager		_
(Print N	ame of Person Resigning)		(Print Title)		
of this limited lial resignation in wr	pility company and affirm the iting.	limited liability compar	ny has been notific	ed of r	ny
Signature of Resi	gning Member, Managing Me	ember or Manager			0
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·		07 MAY -3 PH 3: 45	SECRETARY OF STATE IVISION OF CORPORATE
		·		5	24. 10. 10. 10.

CR2E079 (5/06)