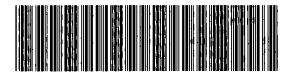
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TALLAHASSEE. FLORIDA

C. LEWIS

NOV 3 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJE		
	(Name of Limi	ited Liability Company)
The enc filing.	losed member, managing member or	manager resignation and fee(s) are submitted for
Please r	eturn all correspondence concerning	this matter to:
Walte	er J. Stanton III	
	(Contact Person)	
Carne	ey Stanton Chartered	
	(Firm/Company)	
4000	Ponce de Leon Boulevard,	Suite 470
	(Address)	
Coral	Gables, Florida 33146	
	(City/State and Zip Code)	
For furtl	her information concerning this matte	er, please call:
Walte	r J. Stanton III	at (305) 777-0261
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	d please find a check made payable to \$\sqrt{}\$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
Registra Division	T/COURIER ADDRESS: ation Section of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
2661 Ex	Building secutive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 it olina Classifieds.com		s of the Florida Department
2. This limited liabi	lity company was organized u	ander the laws of:	
3. The Florida docu 	ment/registration number of the 1970	his limited liability con 	npany is:
4. I, Walter J. S	itanton III ame of Person Resigning)	, hereby resign as a	Managing Member
of this limited liab resignation in wri	ility company and affirm the		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	moei oi ivianagei	