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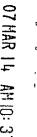
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SECRETARY OF STATE FALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NETSON (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	matter to:
EDMOND CHENET (Contact Person)	
Southern & DixiE	O7 HAR SECRETA
19102 Glenmoor DR	ILL AMIO: 3: SSEE FLORID
CUTST PALM BEACH, (City/State and Zip Code)	FL 33409 RID 37
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (847) 7/0 85/5 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 Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 in NETSON,	= =	cords of the Flo	_	ent _·
- Andread	ility company was organized	under the laws of:			
3. The Florida doce	ument/registration number of 20/0407	this limited liability	company is:		
4. I, <u>EDMO</u> (Print N	OND CHENET Jame of Person Resigning)	, hereby resign	as a M	FRM int Title)	-
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability con	mpany has bee	n notified of n	ny
Efmi	nd Cleunt	J=		īAs -	
Signature of Resi	gning Member, Managing M	ember or Manager		O7 MAR ¡ECRET	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			ARY OF STA	