# 106000010629

(Requestor's Name)						
(Address)						
(Address)						
(City)(Chata (Fin (Dhana 40						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2-1						
0.05.10						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						

Office Use Only



200075666132

06/02/06--01018--019 \*\*25.00

2006 JUN -2 PM 4: 10
SECRETARY OF STATE
AHASSEE FLORIDA

W6-10629

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EARTH SPIRIT CENTER (Name of Limited Liability Com	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Ma	anager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
HELEN MACHILLAN (Name of Person)	_
•	200 TA
(Firm/Company)	ECRE LL AI
2868 WESLEYAN DRIVE	HASS
(Address)	PH
PALM HARBOR, FL 3468 (City/State and Zip Code)	2006 JUN -2 PM 4: 10 SECRETARY OF STATE TALLAHASSEE. FLORIDA
For further information concerning this matter, please call:	
HELEN MACMILLAN at (727 (Name of Person) (Area Code	458 - 7735 & 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	555 Filing Fee & Certified Copy

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	HELEN	NUAGE	MACMI	UAN, her	eby resign as	MANAGING	MEM	BER
<i>_</i>						(Title)		
of	EARTHS	PIRIT C	enter	LLC				
				iability Com	рапу)		<del></del>	
a lir	nited liability c	ompany organ	ized under th	ne laws of the	ne State of	FLORIDA		
and	affirm that the	limited liabili	ty company l	as been no	iified in writii	ng of the resignation	2006 JUN -	T
		-1-	rec	<del></del>		SEE	2 PM 2 PM	m
	<u>(S</u>	ignature of res	signing mana	ger, manag	ing member o	or member)	F STATE	

#### **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