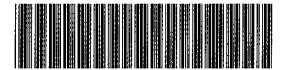
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## **COVER LETTER**

SUBJECT: Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  VAL Augowa (Contact Person)  Diwrek HH Evektamest LLC (Firm/Company)  1975 E. Susurest Blve Sk 4/9 (Address)  Ft. Language, Ft. 33364 (City/State and Zip Code)  For further information concerning this matter, please call:  Val Augowa (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  \$555 Filing Fee  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  Tallahassee, Florida 32314	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to:    VAL Auboucy		red Liability Company)
Diwnek Hat Extractment LLC (Firm/Company)    1975 E. Surrisc Blve Ste 4/9 (Address)    F1 - Laurengle   FL 33304/ (City/State and Zip Code)    For further information concerning this matter, please call:    Val Augurg		manager resignation and fee(s) are submitted for
Diwnek Het Evertainnest, LLC (Firm/Company)    1975 E. Surrisc Blve Sk 4/9 (Address)    Ft - Landengle	Please return all correspondence concerning	this matter to:
1975 E. Surrisc Blue Sk 4/9 (Address)  F1 - LAUDELOGIE, FL 33304/ (City/State and Zip Code)  For further information concerning this matter, please call:    Val Augourg	VAL AUBOWZG (Contact Person)	•
Ft. LAUDELAGE, FL 33304/ (City/State and Zip Code)  For further information concerning this matter, please call:  Val AuBourg at (305) 720 6/0/ (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  VS25 Filing Fee S55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327	Diwaek Hot Evertainment, (Firm/Company)	LLC
For further information concerning this matter, please call:    Val AuBourg	1975 E. Surveise Blue S	He 419
AuBourg   at (305 ) 720 6/0/     (Name of Contact Person)   (Area Code & Daytime Telephone Number)   Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy    STREET/COURIER ADDRESS: Registration Section Division of Corporations   Division of Corporations   Clifton Building   P.O. Box 6327	Ft - LAUDEZOGLE, FL 33304/ (City/State and Zip Code)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327	For further information concerning this matter	er, please call:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327	Val Ausourg (Name of Contact Person)	at (305) 720 6/0/ (Area Code & Daytime Telephone Number)
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6327	Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
Clifton Building P.O. Box 6327	<del>_</del>	
	•	•

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 which Hit Ender-		s of the Florida De	partment 
2. This limited liab	ility company was organized	under the laws of:		
*	ment/registration number of	this limited liability con	npany is:	
	ame of Person Resigning)	, hereby resign as a	(Print Title)	Nov 29
resignation in wri			ny has been notifie FLORIDA	edge f my T
Signature of Resi	gning Member, Managing Mo	ember or Manager		
Certified Copy:	\$30.00 (Nequired)			