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SECRETARY OF STATI
AHASSEF, FLORIG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tree Fourtain. (Name of Limited Lie	S. LLC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
WARREN Hickernell (Contact Person)	
Elite Program Services,	SECRETARY FALLAHASSE
6583 Midnight Pass	
Sarasota, FL 34242 (City/State and Zip Code)	TE TO
For further information concerning this matter, ple	ase call:
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
2001 DAOUMITO COMOI CHOIC	i alialiaddee, Fiuliua 34314

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

1. The	name of the lii					of the Florid	la Depa	artment	
of S	State is:	Three	Fount	ains,	UC_			· · · · · · · · · · · · · · · · · · ·	
	s limited liabili	Florida		•••		SECRETARY (TALLAHASSEE	2007 Jun-4	T	
3. The	Florida docum	_	_	this limited	l liability com	npany is: ≒ ⊏∽	Ū		
		00 134		•		TATE ORID	2:	^	
4. I, _	Elite Progr WATTEN H (Print Nam	ic Kernell, ne of Person Res	fresiden ligning)	H, hereb	y resign as a	MAnad (Prim	INO Title)	Membe	1
of th	is limited liabil gnation in writin	ity company							
	Starre	Hicken	nd						
Sign	nature of Resign	ning Member,	Managing N	Member or N	Manager				
Filing	Fee:	\$25.00 (Req	uired)						

Certified Copy:

\$30.00 (Optional)