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10/05/05--01013--014 **25.90

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TETCE AMAIN. (Name of Lin	ECA, BE	CLRAFA	LLC.	
(Name of Lin	nited Liability Compar	ıy)		•
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing	Member or Mana	ger and fee(s) are	submitted-for	r fili
Please return all correspondence concerning this	matter to the follo	wing:		
Arbrew S. Mz. (Name of Person)	LCER			
JAM LLC (Firm/Company)			ZS ≥	
(Firm/Company)			XECR LLA	
	_		b OCT -5 P 2: 2 CRETARY OF STATE AHASSEE. FLORID	
800 NONTH BECC (Address)	HER RB		RY SEE	
(Address)			ס אַב	
CLEARWATER, FL 3	3765		STA:	
(City/State and Zip Code)			22 22	
For further information concerning this matter, p	alanca coll:			
Annew MTICAN (Name of Person)	at (727)	519-399	19	
(Name of Person)	(Area Code &	Daytime Telepho	ne Number)	•
STREET/COURIER ADDRESS:		IAILING ADDR		
Registration Section Division of Corporations		egistration Section		
Clifton Building		oivision of Corpora O. Box 6327	HIONS	
2661 Executive Center Circle		allahassee, Florida	ı 32314	
Tallahassee, Florida 32301	_	., 		

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

Enclosed is a check for the following amount:

\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MAYEL	OWER PARC	ESTATE SE,	nurce I ign as	icn)				
	_		(Tit	le)				
of TITLE	AMARICA,	BELCHATA	ELC.	ſ				
(Limited Lightlity Company)								
and affirm that the f	imited liability compa	ler the laws of the State iny has been notified in nanager, managing men	Writing of the HASSEE, F	ignation.				

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