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(City/State/Zip/Phone #)					
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SECRELARY OF STATE
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N. Commen HIN 2 9 200c

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONLINE OUTPO	ost LhC d Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing N	Member or Manager and fee(s) are submitted for filin
Please return all correspondence concerning this m	atter to the following:
MATTHEW BROWN (Name of Person)	
ONLINE OUTPOST LLC (Firm/Company)	
5100 W. KENNEDY BLVD.	STE. 453
TAMPA, FL 33609 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
PATRICE GINGRAS (Name of Person)	1 813 470-7094
(Name of Person)	(Area Code & 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	\$55 Filing Fee & Certified Copy



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	DON BARUCH	, her	eby resign as	MANAGING	MEMBER
				(Title)	
of _	ONLINE OUTPOST	LLC			
	(L	mited Liability Com	pany)		, ,
a lin	nited liability company organized u	nder the laws of th	he State of	FLORIDA	,
and	affirm that the limited liability com	pany has been not	tified in writin	g of the resignation	
	(Signature of resigning	manager, manag	ing member or	r member)	

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