# 106000000000003

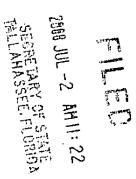
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EXAMINER

### **COVER LETTER**

# 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

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the FI	orida Department
2. This limited liability	ty company was organized under the laws of:	UL-2 AM II: 22 AHASSEE, FLORIG
3. The Florida docum	nent/registration number of this limited liability company is:	: 22 PARTS
L060000	020263	<b>**</b> *
4.1, Gretzhe	the of Person Resigning), hereby resign as a MGG	Print Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has being.	en notified of my
Signature of Resign	Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	