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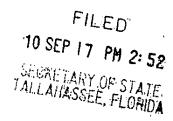
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COVER LETTER

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Registration Section Division of Corporations	in the state of the second
SUBJECT: Cervello Technologies, Inc	,
(Name of Limited L	iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted f
Please return all correspondence concerning this r	matter to:
Barbara J. Prasse, Esq.	
(Contact Person)	
Barbara J. Prasse, P.A.	
(Firm/Company)	
1300 East 8th Avenue, F-300	
. (Address)	
Tampa, Florida 33605	•
(City/State and Zip Code)	· ·
For further information concerning this matter, plo	ease call:
Barbara J. Prasse, P.A.	813 , 258-4422
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{\sqrt{1}}\$	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company a vello Technologies,		s of the Florida Department
2. This limited liab Florida	ility company was organize	d under the laws of:	
3. The Florida doci L06000025	ument/registration number of 5924	of this limited liability con	npany is:
	er D. Goddard ame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lial resignation in wr	bility company and affirm thiting.	he limited liability compared $7/20/10$	ny has been notified of my
Signature of Res	gring Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		