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-						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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JU 3206

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MUNICIAN DIVIONATION (Name of Limited Liability (Grap LC Company)	
The enclosed member, managing member or manager refiling.	signation and fee(s) are subm	nitted for
Please return all correspondence concerning this matter	œ:	
Peter Mittodo (Contact Person)		
U.S. Surge Protection Inc.		2006 SEC
P.O. Box 294411 (Address)		DEC 18 RETARY AHASSEI
Boca Ration, F1. 33429 (City/State and Zip Code)		AM 11:31 OF STATE E.FLORID
For further information concerning this matter, please ca	M:	**************************************
(Name of Contact Person) at (S1)	de & Daytime Telephone Numb	ber)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 lis	nited liability company as it a	ppears on the records	of the Flor	ida Depa	artmen	È
of State is: MLI	idian Sevelame	nt Graud. L	LC.			
	ty company was organized un			SECRETA TALLAHA!) 2006 DEC 18	
3. The Florida docum	ent/registration number of thi	s limited liability com	pany is:	SSER	8	
_L01d00002	2006	•		200	2	
\bigcirc i.	0 1/0 1		-00	713. 713.	M : 3	
4.1, toter 1)	nHeado	_, hereby resign as a _	11168	雅	ယ	
•	e of Person Resigning)		,-	ıt Title)		
of this limited liabil resignation in writing	ity company and affirm the li	mited liability compan	y has been	notified	of my	
Mr	erlo					
Signature of Resign	ing Member, Managing Mem	ber or Manager				
	·					
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					