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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TAIL AHASSEE. FLORID

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---------------------------------|---|-----------|-----------|-----|
| SUBJECT: PACE RESEARCH (Name of Limited L | Snoup Jability Compa | C(& | | | |
| The enclosed member, managing member or man filing. | ager resigna | ntion and fee(s) are sul | bmitted | for | |
| Please return all correspondence concerning this | matter to: | | | | |
| JEFFREY G. MOAN (Contact Person) | | | SECH | 07 O | 972 |
| PACIN RESEARCH GROUP (Firm/Company) | <u>.</u> | . <u></u> | R TAKY OF | CT 3 PM | |
| 735 ARLINGTON AVENUE N. (Address) | #211 | <u>.</u> | STATE | PM 12: 58 | |
| St. PETERS BURG, FC 33701 (City/State and Zip Code) | _ | | | | |
| For further information concerning this matter, pl | ease call: | | | | |
| | 7&7) Area Code & | 565- 5784 Daytime Telephone Nu | mber) | | |
| Enclosed please find a check made payable to the \$25 Filing Fee | | partment of State for: Filing Fee & Certified Copy | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P. | IAILING ADDRESS egistration Section ivision of Corporation O. Box 6327 allahassee, Florida 32 | ıs | | |

CR2E079 (5/06)



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 li | imited liability company as | it annears on the | records of the Flo | rid Pro | a ll men | ** |
|---|---------------------------------------|----------------------|----------------------|---------------------------------|---------------------|----------|
| of State is: | Acm Research | | | E CKE | 8 | |
| - | ity company was organized | • | | IARY OF STATE ASSEE, FLORIDA | 1-3 PM 2:58 | |
| 3. The Florida docum | nent/registration number o | f this limited liabi | lity company is: | | | |
| L0600 | 00033051 | | | | | |
| 4. I, GABY (Print War | R. SCHWEIC me of Person Resigning) | LHEL hereby resi | gn as a Vice (Pri | Pers nt Title) | MAG | . Member |
| of this limited liabi resignation in writi | llity company and affirm thing. | e limited liability | company has been | notifie | d of my | 7 . |
| Sail | (0) | | | | | |
| Signature of Resig | ning Member, Managing N | Member or Manag | er | | | |
| ; ! | | | | | | |
| Filing Fee: | \$25.00 (Required) | | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | | |