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(Requestor's Name)					
(Address)					
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•					
(Ad	dress)				
(Cit	y/State/Zip/Phone #	<i>‡</i>)			
PICK-UP	WAIT	MAIL			
•					
(Bu	siness Entity Name	<u> </u>			
	•				
	cument Number)				
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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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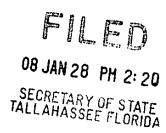
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SECRETARY OF STATE
AND ANASSEE FI ORIO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kinetic Design Group, LI	_C
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Antonio Ledesma	
(Contact Person)	
Kinetic Design Group, LLC	
(Firm/Company)	
PO BOX 23065	
(Address)	
Saint Petersburg, FL 33742	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Antonio Ledesma	403-0840
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
Line	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		nited liability company as it etic Design Group, LL		of the Florida Department
2. Th	s limited liabilit Florida	ry company was organized u	nder the laws of:	
	Florida docum	ent/registration number of th	is limited liability con	npany is:
4. I,	Beth Steim	le	, hereby resign as a	Managing Member
-		e of Person Resigning)	<u> </u>	(Print Title)
	is limited liabilignation in writing	ity company and affirm the ling.	mited liability compar	ny has been notified of my
Sign	nature of Resign	ing Member, Managing Mer	nber or Manager	
Filing	Fee:	\$25.00 (Required)		
_		\$30.00 (Optional)		