206000037102

(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:				

A. LUNT

FEB - 9 2010

EXAMINER

Office Use Only



500164001165

02/08/10--01011--003 **75.00

2010 FEB -8 PM 3: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: The Conway Group, LLC			
(Name of Limited Liab	ility Company)		
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for		
Please return all correspondence concerning this ma	atter to:		
Kim E. Autrey			
(Contact Person)			
The Conway Group, LLC	2010 F		
(Firm/Company)	EB -		
130 Lamorak Lane	1010 FEB -8 PM 3: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
. (Address)	 F.S. ω		
Maitland, FL 32751	: 32 ATE IRIDA		
(City/State and Zip Code)			
For further information concerning this matter, plea	se call:		
Kim E Autrey	407 551-0579 ea Code & Daytime Telephone Number)		
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Find \$25 Filing Fee			
▼ \$23 Fitting Fee	\$55 Filing Fee & 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		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Conway Group, LLC		of the Florida Department
2. This limited liab Florida	ility company was organized	d under the laws of:	EB -8 PM 3: 32 RETARY OF STATE AHASSEE, FLORID
3. The Florida docu L06000037	ment/registration number o	f this limited liability con	npany is:
•	pility company and affirm the		Managing Member (Print Title) ny has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	Member or Manager	