L06000040073

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Eddinger Linkly Harrie) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
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Kevin Jean McKinley, P.A.

Kevin Jean McKinley Attorney at Law Admitted in Florida and Michigan kevinimckinley@bellsouth.net

September 6, 2006

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: FINE LYNX, LLC

L06000040073

Dear Sir or Madam,

Enclosed for filing please find the Cover Letter and original Resignation of Fine Lynx, LLC Member Alison J. Oliver.

Ms. Oliver's check in the amount of \$25.00 is enclosed to pay the filing fee.

I have also enclosed a photocopy of the filing and ask that you date stamp the copy and return it to me in the enclosed, self-addresses, stamped envelope.

Thank you.

Sincerely

Kevin Jean McKinley

Enclosures

CC: Alison J. Oliver

COVER LETTER

| TO: Registration Section Division of Corporations | | _· · | |
|--|------------------------|---|---------------------------------------|
| SUBJECT: FINE LYNX, LLC (Name of Lin | mited Liability Co | mpany) | ar a sang carana |
| Dear Sir or Madam: | | | |
| The enclosed Resignation of Member, Managin | g Member or N | fanager and fee(s) are submitted for | r filing. |
| Please return all correspondence concerning this | s matter to the | following: | |
| Kevin Jean McKinley | | | |
| (Name of Person) | | | |
| Kevin Jean McKinley, P.A. (Firm/Company) | | | |
| 1340 U.S. Highway One, Suite 102 | | <u>.</u> | • • • • • • • |
| (Address) | | | |
| Jupiter, FL 33469 (City/State and Zip Code) | | | • • • • • • • • • • • • • • • • • • • |
| For further information concerning this matter, p | olease call: | | |
| Kevin Jean McKinley | _ _{at (} _561 | ₎ 741-7075 | |
| (Name of Person) | (Area Cod | le & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Alison J. Oliver | , hereby resign as Member |
|---|---|
| | (Title) |
| of Fine Lynx, LLC | |
| (Limited Lial | bility Company) |
| a limited liability company organized under the | laws of the State of Florida. |
| and affirm that the limited liability company has | been notified in writing of the resignation. |
| Clesa Jayo Co (Signature of resigning manage) | SECRETAKT UF STATE ALLAHASSEE, FLORIDA r, managing member or member) Ly |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314