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COVER LETTER

TO: Registration Section Division of Corporations Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 Filing Fee & **Certified Copy**

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, _	Scott Cam	ACCON, hereby re	esign as MGRM (Title)	<u> </u>	
of_	Image L	inen Selvic (Limited Liability Company)	es, LLC		
	nited liability company organi				FILE
and	affirm that the limited liability	y company has been notified	in writing of the resignation.	AM 10: 51	Ü
	Signature of res	igning manager, managing or	nember or member)	98 T	

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

CR2E079 (8/05)