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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TREASURE COAST (Name of Limited	INDUSTRIES L Liability Company)	LC
The enclosed member, managing member or ma filing.	anager resignation and fee(s) a	re submitted for
Please return all correspondence concerning thi	s matter to:	
RICHARO LEVINGER (Contact Person)		06
(Firm/Company)		DEC -4
906 SW SAINT LUCIE (Address)	WEST BLYD	- - - -
Ponr Stant Lucie FL (City/State and Zip Code)	34986 - 1998 - 1, 10	σ _{ε 1.} ()
For further information concerning this matter,		
(Name of Contact Person)	(Area Code & Daytime Telepho	ne Number)
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CR2E079 (5/06)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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11/30/06

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