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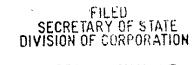
SECRETARY OF STATE
DIVISION OF CURPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T+ M Ewter 1 19 (Name of Limited Liability)	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted fo
Please return all correspondence concerning this matt	er to:
(Firm/Company) 5700 Sheri Jan Street (Address) (City/State and Zip Code)	
For further information concerning this matter, please $\frac{\sqrt{2}}{\sqrt{2}}$ at (Area (Area)	code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lir of State is:	nited liability company as it appears on the records of the Florida Department 1 + M Enterprise (CC).
2. This limited liabilit	y company was organized under the laws of:
10/0	ent/registration number of this limited liability company is:
4. I, Man 1	e of Person Resigning), hereby resign as a (Print Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
<u>J</u>	Ø .
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)