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DIVISION OF COM SIXTHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1 NET Capital (Name of Limited)	Hollings, UC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s'matter to:
. Chris Ceone	
(Contact Person)	<del></del>
(Firm/Company)	s, uc
2200 cop blue nu	)
Bola Luton Pl 33 (City/State and Zip Code)	MBI
For further information concerning this matter,	please cail:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
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

Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 it	• •	the Florida Depa	rtmen 	t
2. This limited liab	ility company was organized ur	nder the laws of:			
	ument/registration number of th	is limited liability compar 	ny is:		
	bility company and affirm the li	, hereby resign as a	, ,	—— of my	
Signature of Res	gning Member, Managing Men \$25.00 (Required)	nber or Manager		07 OCT 18	SECRETARY DIVISION OF CO
Certified Copy:				AM 11: 34	ORPORATION