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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. BRYAN AUG - 7 2006

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: SOARIN EQUITY, L (Name of Limited Liability | Company) |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member of | or Manager and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | he following: |
| | |
| £ | 0 |
| (Name of Person) | |
| INUVA INFO MANAGEMEN (Firm/Company) | OF AUG -4 PH 2: |
| 7975 NW 154 ST, #310 (Address) | |
| MIAMI LAKES, FL 33016 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| | Code & 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 |

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGE

| I, INUVA INFO MANAGEMENT, INC; hereby resign as MGRM G (Title) | |
|--|-----|
| of SOARIN EQUITY, LLC | 1 ' |
| (Limited Liability Company) | - |
| a limited liability company organized under the laws of the State of, | |
| and affirm that the limited liability company has been notified in writing of the resignation. | |
| Signature of resigning manager, managing member or member) | Jc; |

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