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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Same Shore (Name of Limit	Tuchnologies LLC ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
Steven Webel (Contact Person)	
. (Contact Person)	
Optimum Path System (Firm/Company)	ms
717 Seagate Dr. (Address)	
Tanga FL 33602 (City/State and Zip Code)	·
For further information concerning this matte	r, please call:
Steven Webel (Name of Contact Person)	at (813) 504-1717 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



## 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 of State is:	limited liability company Same Share Tea	as it app chnolog	ears on the rec	cords of the Flo	orida Departm	ent ·
2. This limited liab	ility company was organi da		r the laws of:			
	ument/registration numbe		imited liability	company is:		
,	even Webel ame of Person Resigning) pility company and affirm			(	,	ny
· .	Ah swely	)				
	gning Member, Managin \$25.00 (Required) \$30.00 (Optional)	g Membe	r or Manager		07 APR 23 PM 1: 4:	SECRETARY OF STATE