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J. BRYAN

APR 28 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SHENANIGANS LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JAMES W PRESSIEY (Contact Person)
SHENANIGAUS (CC (Firm/Company)
672 EASTPOINTE COUET (Address)
SARA SOTA, FL 34232 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 809-6756 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle 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

1. The name of the limited liability company as it appears on the records of the Florida Dep	artment
of State is: SHENANIGAUS, LLC	
•	OB APR 25 AH 2
3. The Florida document/registration number of this limited liability company is:	AH 238
4. I, <u>PRESSIEY</u> , hereby resign as a <u>MGRM</u> (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified	
resignation in writing. Annual certification of Resigning Member, Managing Member or Manager	•
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	