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(Address)	
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09/18/06--01038--010 **25.00

SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Libby Investor	ment Group LL
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or N	Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Open Sage (Name of Person)	
LIBBY INVESTMENT CAOCEL. LLC (Firm/Company)	
200 LESUE OR # 1/19 (Address)	7006 SEP 18 SECRETARY VLLAHASSEI
HALLANDALE FC, 33009 (City/State and Zip Code)	P 12: OF STA: E, FLOR
For further information concerning this matter, please call:	52 IE IOA
ORen SAAR at (305) (Name of Person) (Area Coo	de & 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:	

□\$55 Filing Fee & Certified Copy

\$25 Filing Fee

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SHAKED Simon, hereby resign as_	MCRM
of Libby Freestment Group	(Title)
(Limited Liability Company) a limited liability company organized under the laws of the State of	Flor: Q
and affirm that the limited liability company has been notified in writing of	the resignation.
pur	
(Signature of resigning manager, managing member or me	mber)
•	2006 SEP 18 D SECRETARY OF TALLAHASSEE, F

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