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T. CLINE

APR 2.9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: G and G Accounting Services, LCC (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:			
Gary Saunderson) (Contact Person)			
Gand GAccounting Services (Firm/Company) Fig. 3			
(Firm/Company) PO BOX 1326 (Address)			
POTT SALERNO, F. 34992 (City/State and Zip Code)			
For further information concerning this matter, please call:			
GARY SALVOERS at (772) 631-1380 (Name of Contact Person) (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 Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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	-
of State is: Gand G Accounting	laws of:
2. This limited liability company was organized under the 8121206.	laws of: R 28 AN II: 15 ETARY OF STATE OR III: 15
3. The Florida document/registration number of this limite <u>LOCOCOTIO 30 8</u>	ed liability company is:
4. I, Orano Mana of Person Resigning) of this limited liability company and affirm the limited liability resignation in writing.	
Signature of Resigning Member, Managing Member or	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	