## L06000080567

(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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J. BRYAN

NOV 1 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CardTrak LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Robert McKinley	
(Contact Person)	
CardTrak LLC	09 KOV 12
(Firm/Company)	~ ?
5100 Tamiami Trail N	
(Address)	22
Naples, Florida 34103	₩ N
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Robert McKinley	<sub>t (</sub> 239 <sub>)</sub> 325-1895
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: Care	arrak EEO	·		
2. This limited liability company was organized under the laws of:  Florida				08 HOV 12
		<del></del> ·		
3. The Florida docu 	ment/registration number o	of this limited liability	company is:	PH 2: 23
<sub>4. I,</sub> Anita McKi	nley	, hereby resign a	<sub>s a</sub> Managing N	<u>Membe</u> r
(Print Na	me of Person Resigning)		(Print Title	2)
of this limited liab resignation in writ	ility company and affirm t ing.	he limited liability com	npany has been noti-	fied of my
ack	Zw.14			
Signature of Resig	gning Member, Managing	Member or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (5/06)