LOG0000 20593

| (Requestor's Name) | | | | | | |
|--|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Additional) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| 1-19 | | | | | | |
| To the state of th | | | | | | |
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SECULIARY OF STATE

COVER LETTER

| TO: Registration Division of C | | | | | | |
|--------------------------------|--------------------------------|-----------------|----------------------|--|---------------|--------------------|
| SUBJECT: | KPN (Nai | d-vovp | ZZZ Liability Cor | npany) | | t ve |
| | | | - | gnation and fee(s) are | submitted for | |
| Please return all corn | respondence cor | ncerning this | matter to: | | | 01 1 |
| _ James B | (Contact Person) | | | _ | | 第12 |
| James B | (Firm/Company) | | | _ | | 07 JAN 12 AN 10:58 |
| 3215 S. O. | (redicos) | | | _ | | i en en en en |
| Hyhlom | Songery City/State and Zip Co | FZ 3347 ode) | 87 | - . | | 4 |
| For further informat | ion concerning t | this matter, p | lease call: | | | |
| Tames 1. | Sontact Person) | at (| 56/ Area Code |) Z/4 3244 & Daytime Telephone | Ñumber) | · |
| | a check made p 5 Filing Fee | payable to the | | Department of State for \$55 Filing Fee & Certified Copy | or: | |
| STREET/COURIE | R ADDRESS: | | | MAILING ADDRE | ESS: | |
| Registration Section | | | | Registration Section | | |
| Division of Corpora | tions | | | Division of Corporat | tions | |
| Clifton Building | ton Clastic | | | P.O. Box 6327 | 20214 | |
| 2661 Executive Cen | ter Circle | | | 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

| | the limited liability company as | | of the Florida Department |
|--------------------------------|---|-----------------------------|---------------------------|
| 2. This limited I | iability company was organized | | M 10:58 |
| | ocument/registration number of | this limited liability comp | any is: |
| | 3 Ponks nt Name of Person Resigning) | , hereby resign as a | Momber (Print Title) |
| of this limited resignation in | liability company and affirm the writing. | e limited liability company | has been notified of my |
| Signature of R | esigning Member, Managing M | lember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |

Certified Copy:

\$30.00 (Optional)