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SECRETARY OF STATE
SECRETARY OF

·	COVER LETTER	
TO: Registration Section	fr.	
Division of Corporations	1	
-	•	
SUBJECT: Liquid La	ame of Limited Liability Company)	,
/ ()	Iame of Limited Liability Company)	
The analoged manches managing	·	£a.
	nember or manager resignation and fee(s) are submitted	ior
filing.	•	
Please return all correspondence c	oncerning this matter to:	
rease return an correspondence of	oneoning this matter to.	
C	*	
Scott Jarred (Contact Person	·	
(Contact Person);	
	A	0.
JArred Ventures LL (Firm/Company	, ES	ر
(Firm/Company) <u>'</u>	2
	SSS	
7653 11 Plate ST	Ma	H PHI2: 20
2653 w. Platt 57 (Address)	FLORID	¥
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To 21/	DE DE	20
TAMA FL 336	09	7
(City/State and Zip	Code)	
For further information concerning	this matter, please call:	; '
To tarmer information concerning	, instruction, prouse out.	
C 11 -	···	•
Scott Jarred	at (913) 505 - OLZL (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
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\$25 Filing Fee	\$55 Filing Fee &	
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STREET/COURIER ADDRESS	: MAILING ADDRESS:	1 /
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	Tununussee, Horieu 32317	
rananamos, rional Jajor	. \	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED | IABILITY COMPANY

1. The name of the	e limited liability company as it appears on	a corecords of the F	lorida De	eparti	nent
of State is: L	iguid Lander LLC		SE	07	;
	onity company was organized unce. ela	1	CRETARY OF LAHASSEE F	JAN II PH	
	umen./registration number of this lited	f whity company is	STATE	PH 12: 20	Transition of the second
4. I, LAURA	1	···n as a MG	L. Print Title)	 	· · · ·
of this limited lia resignation in wr	ability company and affirm the limite: liab				my
Signature of Res	\$25.00 (Required)				Þ