# LD10000844108

(Re	equestor's Name)	
(Address)		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
expands Proof II C		
SUBJECT: Proof LLC (Name of Lin	mited Liability Con	npany)
Dear Sir or Madam:		
		,
The enclosed Resignation of Member, Managin	g Member or M	anager and fee(s) are submitted for film
Please return all correspondence concerning this	s matter to the fo	ollowing:
Corey McClendon		
(Name of Person)	<del> </del>	_
Proof LLC		*
(Firm/Company)		_
3200 NE 14th Street Causeway #227		_
(Address)	,	
Pompano Beach, FL. 33062		
(City/State and Zip Code)		<del>-</del>
For further information concerning this matter,	please call:	
Corey McClendon	at ( 206	222-8816
(Name of Person)		e & Daytime Telephone Number)
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		Tanunussee, Tiorida sasti
Enclosed is a check for the following amount	:	
<b>✓</b> \$25 Filing Fee		\$55 Filing Fee &
CR2E079 (8/05)		Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I、Kory Taylor	, hereby resign as Managing Member
-7 <del></del>	(Title)
of Proof LLC	
	(Limited Liability Company)
a limited liability company organize	ed under the laws of the State of Florida
and affirm that the limited liability of	company has been notified in writing of the resignation.
Atonf Fa	ning manager, managing member or member)

#### 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

DIVISION OF CORPORATION