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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Da' Circle U	ity Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Nick Allegretto	· ·
(Name of Person) Da' Circle (Firm/Company)	2006 OCT 17 P 4: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Firm/Company)	TARY VSSEI
1711 Cheyenne S	OCT IT P LETARY OF ST. HASSEE, FLO
Sarasota, 71. 342 (City/State and Zip Code)	RIDA RIDA
For further information concerning this matter, please call	:
(Name of Person) at (9) (Area	41) 927-9305 Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	,
\$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, Larry Allegretto, hereby resign as Manager	
(Title)	
of Da' Circle, LLC	,
(Limited Liability Company)	
a limited liability company organized under the laws of the State of 710 Risk DA	_,
and affirm that the limited liability company has been notified in writing of the resignation.	
SECRETARY OF STATE OSIGnature of resigning manager managing member or member) Hassee, Florida	T)

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