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DB 129307

COVER LETTER

Division of Corporations
SUBJECT: PRO-FORMANCE MANAGEMENS SERVICES, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ELIZABETH CAMP (Contact Person)
PRO-FORMANCE MANAGEMENT SERVICES, LLC (Firm/Company)
PO Box 1278 (Address) RECRETALANA (Address)
PINELLAS PARK FL 33780 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
ELIZABETH CAMP at (727) 409-9754 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compa RO – FORM ANCE				•	
_	ility company was orga	anized unde	er the laws of:		TAL S	
- FLOI	ei D A				7 DEC ECRET	
	ment/registration num	ber of this	limited liability of	company is:	ARY C	
LO 600	00 96006	· · · · · · · · · · · · · · · · · · ·	•		AH 8	M
4.1, DONNA	STROUD		, hereby resign as	sa MAN	A EX	
(Print No	ame of Person Resigning)			, (Pi	int Title)	
resignation in wri	oility company and affi ring.		ited liability com	pany has bee	n notified of	my
Signature of Resi	gning Member, Manag	ging Memb	er or Manager			
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					