L06000017333

(Re	equestor's Name)	,			
(Ac	ddress)				
(Ad	ddress)				
, (Ci	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificate:	s of Status			

Special Instructions to Filing Officer:

L. SELLERS

JUL -9 2010

EXAMINER

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07/08/10--01006--012 **25.00

TO JUL -8 PH 4: 07
SECRETARY OF STATE

RICHARD T. AVIS ATTORNEY LLC

535 CENTRAL AVE., SUITE 301 A ST. PETERSBURG, FLORIDA 33701

PH 727-894-2626 * FAX 727-894-3609 * CELL 727-641-6677 EMAIL rtavislaw@aol.com

*ALSO ADMITTED IN: NEW YORK * ILLINOIS * MIDDLE DIST. OF FL.	OF COUNSEL: REFER TO FILE NO:
Florida Division of Corporations To Whom It May Concern:	July 2, 2010
RE: Dupont Alliance LLC Document Number: L06000097333	, I
as "MGR" without my knowledge or conser	d by this company via a previous annual report filing at. I have not at any time participated in any company and therefore I request that my name be
procedurally remove my name from the De	e Division of Corporations that the form necessary to tail screen was the Resignation form which is also this letter along with the Resignation form to clarify the
Richard Avis, Attorney at Law	
STATE OF FLORIDA) COUNTY OF PINELLAS)	
The foregoing instrument was value, 2010, by Richard who has produced Pers wally Kind	as identification and who did take an oath.
	Name: John Giacolett Notary Public, State of Florida at Large

JOHN C. GIACOLETTI Commission DD 702245 Expires August 24, 2011 Bonded Thru Troy Feb Insurance 800-985-7819

Cc: Dupont Alliance LLC

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Dugont Alliance	e ELC
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Richard T Avis, E.	
(Contact Person)	
Attorno y (Firm/Company)	
(Firm/Company)	
535 Central Are Suite	301
, .	·
5+ Ceders Sur P 33-	701
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Richel TAVIS, Esq at	727, 894.2626
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Evenutive Center 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

1. The name of the of State is:	Dupont Alliance	as it appears on the records o	f the Florida Department
	pility company was organiz પંત્રેલ	ed under the laws of:	
	ument/registration number	of this limited liability comp	any is:
4. I, Richa	Name of Person Resigning)	, hereby resign as a	MG R (Print Title)
of this limited liz resignation in wi		the limited liability company	has been notified of my
Signature of Res	igning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

FILED
10 JUL -8 PH 4: 07
SECRETARY OF STATE
TABLE AHASSEE, FLORIDA