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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: United Capital Group, UC (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:
Jordan Jewkes
(Contact Person) Withd Capital Grup, UC (Firm/Company)
50 SE OCEAN BIVD Swite 204
Stuary Florida 3494 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (772) 223-8739 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle 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:	limited liability company as it ap	pears on the records of the	Florida Depart	ment 	
2. This limited liab	ility company was organized und	er the laws of:			
3. The Florida doct	nment/registration number of this	limited liability company i	s:		
4. I, Daniel	GOMZAUS ame of Person Resigning)	, hereby resign as a <u>Mau</u>	Mand (Print Title)	New	ber
	pility company and affirm the lim	ited liability company has	been notified o	f my	
Signature of Res	gning Member, Managing Memb	er or Manager			
Filing Fee:	\$25.00 (Required)	ŭ	SECRE	JUL 880	
Certified Copy:	\$30.00 (Required)		SS SS	30	畫