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(Requestor's Name)					
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE RAD GROUP LLC (Name of Limited Liability Co	omnany)	
(Name of Limited Blaomity Co	ompany)	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to		
ALEX G ARCHER	ÿ	<u>ء</u> ح
(Contact Person)	- 06	350
	e e	무준
THE RAD GROUP LLC	_	뛰
(Firm/Company)	06 DEC -6 AM 11:59	CON ON
		00.
101 NE 3rd AVE STE 1500		RAT
(Address)	59	ON OF CORPORATION
em tallnennate et 22201		77
FT LAUDERDALE, FL 33301 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call	:	
ALEX G ARCHER at (954		
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida		
\$25 Filing Fee	\$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive 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

	limited liability company as i	it appears on the records	s of the Florida	Department .
2. This limited liab	ility company was organized	under the laws of:		SECRETARY VISION OF CC
	ument/registration number of 06000103163	this limited liability cor	npany is:	OF STATION DRPORATION AM 11: 59
4. I, GABRIEL J		, hereby resign as a	MGR	77.
(Print N	lame of Person Resigning)		(Print Ti	tle)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compa	ny has been not	tified of my
	2			
Signature of Res	gning Member, Managing Mo	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			