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COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations								
SUBJECT: SIMPLE COMP.	LIANCE SOLUTIONS, LLC							
(Name of Limited Liability Company)								
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for							
Please return all correspondence concernin	g this matter to:							
LAWRENCE R. F. (Contact Person)	O TASS 07							
(Contact Person)	OC:							
	T-I							
(Firm/Company)								
P.O. Bo x 4907	SECRETARY OF STATE ALLAHASSEE, FLORIDA							
(Address)	> •							
LEESBURG FLORE	DA 34749-0722							
(City/State and Zip Code)								
For further information concerning this ma	-							
LAWRENCE R. PETERS	at (352) 250 - 4614 (Area Code & Daytime Telephone Number)							
(Name of Contact Person)	(Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable \$25 Filing Fee								
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section Registration Section								
Division of Corporations								
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle	Tallahassee, Florida 32314							
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	limited	liability company as:	it appears on the recor	ds of the Florida	a Department
of State is: SI	MPLE	COMPLIANCE	SOLUTIONS, L	LLC	·
2. This limited liab	ility con	npany was organized	under the laws of:		
Fu	DRIDA	· · · · · · · · · · · · · · · · · · ·	·		
		gistration number of タグル	this limited liability co	ompany is:	
4. I, LAWRENCE	<u>E</u> R. Tame of Pe	PETERS rson Resigning)	, hereby resign as	a MANAGE (Print T	Title)
	bility co		limited liability comp		
_	_	(letter		TALLAH	07.0C
Signature of Resi	igning M	lember, Managing M	ember or Manager	ASSEE	
Filing Fee: Certified Copy:		• •		OF STATE	ED PHIZ: 04