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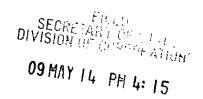
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COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: Trans America Financial Group			
(Name of Limited Lie	ability Company)		
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for		
Please return all correspondence concerning this n	natter to:		
Brett Norvig			
(Contact Person)			
Trans Antria Financial Crea (Firm/Company)	F, LIL		
12084 Lake Cypress Circle, J306			
(Address)			
Orlando, FL 32828			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Brett Norvig at (352 871-1740		
(Name of Contact Person) (A	area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:			
\$25 Filing Fee	\$55 Filing Fee &		
Ţ,	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		
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 records of the Florida Department of State is: Trans America Financial Group, LLC		
This limited liability company was organized under Florida	er the laws of:	
3. The Florida document/registration number of this I L06000111716	imited liability company is:	
4. I, Brett Norvig (Print Name of Person Resigning)	hereby resign as a Managing Member (Print Title)	
of this limited liability company and affirm the limi resignation in writing.	,	
Ang.		
Signature of Resigning Member, Managing Member	er or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		