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SECRETARY OF STATE
TAIL AHASSEE FLORIN

N. O. JAN 3 - 2007

COVER LETTER

for

TO: Registration Section Division of Corporations
SUBJECT: Chaos Properties LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Margie WhiHaker (Contact Person)
Chaos Properties LCC (Firm/Company)
1815 N. Oceanshove Blod (Address)
Flagler Beach Ft 32136 (City/State and Zip Code)
For further information concerning this matter, please call:
Margu Whithaku at 390 793-9055 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



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 lin	mited liability company as it a	appears on the records o	f the Florida De	partment	
	ty company was organized ur			OT JAN -2 FF SECRETARY OF TALLAHASSEE,	FILED
3. The Florida docum	nent/registration number of th	is limited liability comp Current # LO600	any is: 76/12/9/	STATE	. ภู
4. I, <u>G/da</u> (Print Nam	Demevs ne of Person Resigning)	, hereby resign as a	MGM R (Print Title)		
of this limited liabil resignation in writing	lity company and affirm the ling.	imited liability company	has been notifi	ed of my	
Signature of Resign	ning Member, Managing Men	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		,		