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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chaos Properties LCC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.
Please return all correspondence concerning this matter to: Kickard Whitaker (Contact Person)
Chaos Propertes UC (Firm/Company)
37 Burning Sands Lane
Palm Crast FL 32137 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Whittales at 380 793-9055 (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 P.O. Box 6327 Tallahassee Florida 32314

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 loof State is:	imited liability company as it a Laos Properties	appears on the records of the Florida Dep	artmer ——·	nt
2. This limited liabil	ity company was organized un	der the laws of:		
	ment/registration number of the	is limited liability company is:	07 MAR -5	DIVISION OF
		, hereby resign as a	AH 8: 4	
resignation in writ		miled hability company has been notified	. 01 1115	ren i
Signature of Resig	ning Member, Managing Mem	ber or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			