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SECRETARY OF STATE DIVISION OF CORPORATIONS

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EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: HAMPTON PEST CONTROL (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Stary K DAVIS (Contact Person)				
(Firm/Company)				
10509 JEPSON STREET				
ORLANDO, FL 32825 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Stacy K DAVIS at (407) 658.762 4 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(The course to provide the second of the sec				
Enclosed please find a check made payable to the Florida Department of State for:				
\$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				
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

	ne limited liability company as HAMPTON Pε		
	ability company was organize		
	ocument/registration number of		any is:
4. I, STACY (Print)	Name of Person Resigning)	, hereby resign as a	MEMBER (Print Title)
of this limited l resignation in v	iability company and affirm the viting.	ne limited liability company	has been notified of my
	K Doww gigning Member, Managing I		
Filing Fee:	\$25.00 (Required)		08 1 08 1

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)