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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RISING SUN MARTIAL ARTS LLC (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:
PETER CAMPBELL (Contact Person)
RISING SUN MARTIAL ARTS LLC (Firm/Company)
2111 W CLAY STREET (Address)
KISSIMMEE, FL 34741 (City/State and Zip Code) For further information concerning this matter, please call: PETER CAMPBELL (Name of Contact Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:
PETER CAMPBELL at 407 922-0854 (Area Code & Daytime Telephone Number) (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

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

	limited liability company as			of the Florida	Departmen	t
2. This limited liab	ility company was organized					, p. des
3. The Florida doc L07000	ument/registration number o	f this limite	d liability con	npany is:		٠
4. I, MILES M	100RE Tame of Person Resigning)	, here	by resign as a	MANARA (Priem	NGMEN	ΛŖΕF
of this limited lia resignation in wr	bility company and affirm thiting.	e limited li	ability compar	ny has been no	of my PH 12: 28	ED
Signature of Res	igning Member, Managing N	Member or l	Manager	ÖRIDA	ATE	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		_			