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SECRETARY OF STATE SHARSSEE, FLORIDA

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TO: Registration Section Division of Corporations The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: KEUIN DAY TAWNER
(Contact Person) PTYCH LLC
(Firm/Company) 4015 HOLLYHEAD CR S. LAKE/A-0, F1 33811 For further information concerning this matter, please call: KEVIN TANNER at (863) 608 - 6906

(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 \$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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as i	t appears on the records of the Florida Department
2. This limited liabil	ity company was organized	
	nent/registration number of 1000 74.59	this limited liability company is:
4. I, Roger Print Na	me of Person Resigning)	, hereby resign as a <u>Mangaing Member</u> (Print Title)
of this limited liabiresignation in writ		limited liability company has been notified of my
Signature of Kesig	ning Member, Managing Me	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	