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(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(50	Silicss Citity Hai	ne)	
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Certified Copies	Pertified Copies Certificates of Status		
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DIVISION OF CORPORATIONS

OF LITE 9 PH 3: 27

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Credo Argentarius, L.L.C	cd Liability Company)
(Name of Limite	a Clability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Diane J. Harrison, Esq.	
(Contact Person)	
Harrison Law, P.A.	07 JUL -9 PH 3: 27
(Firm/Company)	
6860 Gulfport Blvd. South, #162	9 PA
(Address)	 ب
South Pasadena, FL 33707	27
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
	at (941) 723-7564
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	
₩ ₩25 Timig Fee	Certified Copy
CTDEET/COLDIED ADDDESS	MAH ING ADDDESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 edo Argentarius, L.L.0	s it appears on the records of the l	Florida Departn	nent 	
2. This limited liab	ility company was organized	d under the laws of:			
3. The Florida doc		f this limited liability company is	: :		
L		Mi	Manager.		
4. I, Linda G. K	(ennedy	, hereby resign as a Mane	aging Partne	<u>er</u>	
(Print Name of Person Resigning)			(Print Title)		
of this limited lia resignation in wr	= :	ne limited liability company has b	een notified of	my	
Linda D	Kamedy				
Signature of Res	igning Member, Managing M	viember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 JUL -9 PH 3:	SECRETARY OF STA	