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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wiceles Expect (Name of Limited	S of Fost Mysss Containing Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Sohn Been (Contact Person)	
(Contact Person)	
(Firm/Company)	
1132 NW 124L AV5 (Address)	
•	
Cape Cosal FC 3399: (City/State and Zip Code)	3
For further information concerning this matter,	please call:
(Name of Contact Person)	(239) <u>281 - 7393</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	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 l	imited liability comp	any as it appea	rs on the recor	ds of the Florida	Department
of State is: LU:	celess Expe	ats of	Fost	mjus 5	<u> </u>
2. This limited liabil	ity company was org	anized under tł	ne laws of:		
3. The Florida docur	ment/registration num	iber of this lim	ited liability co	ompany is:	
1070000					
	me of Person Resigning)	, he	reby resign as	a <u>Mos</u> (Brini Til	le)
of this limited liabi resignation in writi	lity company and affing.	irm the limited	liability comp	oany has been not	ified of my .
					9
Signature of Resign	ning Member, Manag	ging Member o	r Manager		SECRETAR VISION OF C
Filing Fee:	\$25.00 (Required)				5~m
Certified Copy:	\$30.00 (Optional)				U OF STATE REDIRATIONS PM 12: 27