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(R	tequestor's Name)			
(Address)				
	.ddress)			
	adices)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(B	usiness Entity Nan	ne)		
(D	ocument Number)			
•	•			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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SECRETE STATES OF THE STATES OF DEC 26 PH 2: 16



COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ		Converte UNlimited, LLC ed Liability Company)
The enfiling.		manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning the	his matter to:
	Chris Land (Contact Person)	
	(Contact Person)	
	(Firm/Company)	(i) CONA PA
	(Firm/Company)	
	4280 TAMIAMI HAIl (Address)	EAST, #101
	NAPLES HU 74117	
	(City/State and Zip Code)	
For fu	orther information concerning this matter	, please call:
	Chris ConA	at (279) 115-9902 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building Executive Center Circle	P.O. Box 6327
∠001 I	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

1. The name of the limited liability company as it appears on the records of the Florida Deposition of State is: Action Converte Unlimited, LVC	oartme	ent _·
2. This limited liability company was organized under the laws of: ———————————————————————————————————		
3. The Florida document/registration number of this limited liability company is:		
4. I, TAN W. Keyes, hereby resign as a MANAGEN (Print Name of Person Resigning) (Print Title)		_
of this limited liability company and affirm the limited liability company has been notifie resignation in writing.	d of n	ny
Signature of Resigning Member, Managing)Member or Manager	O7 DEC :	SECRET
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	26 PH 2:	