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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

SUBJECT: Otis 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: Patrick Davison (Contact Person) Otis LLC. (City/State and Zip Code) For further information concerning this matter, please call: Patrick Davison (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\text{\$\	TO: Registration Section Division of Corporations	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filling. Please return all correspondence concerning this matter to: Patrick Davison (Contact Person) Otis LLC. (Address) Tallahassee, FL 3 3 3 6 (City/State and Zip Code) For further information concerning this matter, please call: Patrick Davison (Name of Contact Person) (Name of Contact Person) 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 P.O. Box 6327 Tallahassee, Florida 32314		
Please return all correspondence concerning this matter to: Patrick Davison (Contact Person) Otis LLC. (Address) Tallahassee, FL 3 3 3 6 (City/State and Zip Code) For further information concerning this matter, please call: Patrick Davison (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{\$\\$55\$\$ Filing Fee}{\$\\$55\$\$ Filing Fee & Certified Copy} STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Patrick Davison (Address) At (813) 610-6270 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	(Name of Limited Liabili	ity Company)
Patrick Davison (Contact Person) Otis LLC. Day 206360 Contact Person		r resignation and fee(s) are submitted for
Otis LLC. The Content Person Otis LLC. The Content (Firm/Company) PO Box 2060 (Firm/Company) Tallahassee, FL 3236 (City/State and Zip Code) For further information concerning this matter, please call: Patrick Davison (Name of Contact Person) 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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Please return all correspondence concerning this matt	er to:
Otis LLC. PO Box 206360 City/State and Zip Code For further information concerning this matter, please call: Patrick Davison	Patrick Davison	
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(Name of Contact Person) 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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Certified Copy Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	For further information concerning this matter, please	call:
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Tallahassee, Florida 32301	Tallahassee, Florida 32301	Tananassee, Fiorida 32314

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 of State is: Oti	limited liability company as LLC.	it appears on the records	s of the Florida Department
	pility company was organized ticles of Organization for		ity Company
3. The Florida doc L0700001	ument/registration number of	f this limited liability con 	npany is:
4. I, Diego Cue	enca	herehv resign as a	Managing Member
	lame of Person Resigning)	, nereby resign as a	Managing Member (Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability compar	ny has been notified of my
D.	5		
Signature of Res	igning Member, Managing M	dember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		2007 JUL I I SECRETARY TALLAHASSE