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(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	⇒#)		
•	, -,			
PICK-UP	WAIT	MAIL		
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SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Superior Sufficient Lie	acing Technologies LCC bility Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Maksturmans	
(Contact Person)	2001 MAY 24 P 1: 4- SECRETARY OF STATE FALLAHASSEE. FLORID
(Firm/Company)	24 SSEE
25191 Olympia Ave	OF STA
Punta Gorda FI 33950	γ Adis Adis
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the last \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 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

			ords of the Florida Department
of State is:	Superior Swa	acing Tech	mologies UC
	ty company was organized u)	ZOOT MAY 24 SECRETARY
3. The Florida docum	ent/registration number of the	his limited liability	company is:
L07000	022089	·	I: 4.
4. I, Mark St. (Print Nam	MALY) ne of Person Resigning)	, hereby resign a	sa Manager (Print Mile)
of this limited liabil resignation in writing		limited liability con	npany has been notified of my
Signature of Resign	ing Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		