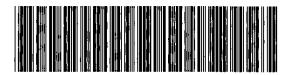
107000024261

(Requestor's Name)				
(Address)				
(A	ddress)			
(0	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(U	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				



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09/26/07--01029--008 ++25.00

JB

DIVISION OF CORPORATIONS
OF CORPORATIONS
OF CORPORATIONS
OF CEP 26 PM 2: 39



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company		s of the Florida D	Department
2. This limited lia	bility company was organiz	zed under the laws of:		OT SEP 26
3. The Florida doc L0700002	cument/registration number 4261	of this limited liability con	npany is:	26 PM 2: 39
4. I, JEFFREY	Y E. PAYNE Name of Person Resigning)	, hereby resign as a	MANAGER (Print Title	
of this limited lia resignation in w	ability company and affirm	the limited liability compa	ny has been notif	fied of my
Signature of Res	signing Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			