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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AR 19 PH 1:

TO: Registration Section

COVER LETTER

Division of Corporations
SUBJECT: Timothy Kirk Group, 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:
Kirsten Franklin
(Contact Person)
The Franklin Group, P.A.
(Firm/Company)
20350 W. Country Club Drive, #125
(Address) (City/State and Zip Code)
For further information concerning this matter, please call:
Kirsten Franklin at 305 534-0454
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)

MAILING ADDRESS:

Cortified Copy

\$55 Filing Fee &

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a othy Kirk Group,	s it appears on the records	of the Florida Depar	tment
2. This limited liabil	ity company was organize	ed under the laws of:	,	
3. The Florida docu L0700002	-	of this limited liability con	npany is:	FIL 07 MAR 19
. •	Me of Person Resigning)	, hereby resign as a	(Print Title)	Change H
resignation in wri	nel.			
Signature of Resi	gning Member, Managing	Member or Manager	,	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		•	

CR2E079 (5/06)