L07000024462

(Red	questor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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,		··· ,
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Special Instructions to F	iling Officer:	_
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SECRETARY OF STATE DIVISION OF CORPORATION

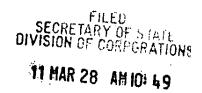
N. Cuffeen MAR 2.9 2011

COVER LETTER

Division of Corporations	
SUBJECT: CON POWER (Name of Limited Liabi	FUND LLC lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Frederic Elmales (Contact Person)	
ICON POWER FUND (Firm/Company)	LLC
15901 Collins Avenue, Svit	<u>ia 27</u> 06
City/State and Zip Code)	ida 33160
For further information concerning this matter, pleas	e cail:
Federic Flingleh at (3 (Area (Name of Contact Person)	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo 325 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 limited liability company as it appears on the records of the Florida Department	
of State is: ICON POWER FUND UC.	
2. This limited liability company was organized under the laws of:	
FLORIDA.	
3. The Florida document/registration number of this limited liability company is:	
L07000024462	
4. I, Frederic Elmqleh , hereby resign as a Managing Mambe (Print Name of Person Resigning) , hereby resign as a Managing Membe	•
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	