10700025612

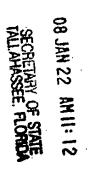
(Requestor's Name)				
(Address)				
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, (Ci	ty/State/Zip/Phone	e #)		
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PICK-UP	MAIT	MAIL		
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(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				

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01/22/08--01013--008 **25.00



COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Tag Team (Name of Limited L	For Life LLC liability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Craus Marks (Contact Person)	
(Contact Person) Purtners Tag Team For the (Firm/Company)	, L L L 2
12555 Orange Drive	ES 3
Davie, FL 33330 (City/State and Zip Code)	——————————————————————————————————————
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (95 4 707-9175 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: 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

		as it appears on the records	of the Florida Department
	ility company was organiz		08 JAI 2
	ment/registration number 7000025612	r of this limited liability com	pany is: FIED
	oility company and affirm	hereby resign as a the limited liability compar	(Print title)
Signature of Resi	Mes (C) open gning Member, Managing	g Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		