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SECRETARY OF STATE
VALLAHASSEF, FI ORIDA

J. BRYAN

JUL 24 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: More Than A (Name of Limited L	Tan iability 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:
Datricia Ottara	
(Contact Person)	
	SECRI I
(Firm/Company)	A L
9463 S. Sun Coast. Bh	23 PH 1: 1 TARY OF STAT ASSEE, FLOR
(1.00.00.00.00)	rist -
Homosa 35 & 71 3441 (City/State and Zip Code)	The Roll of the Ro
For further information concerning this matter, pl	lease call:
Patricia OJaca at ((Name of Contact Person)	352 344 - 834 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananassoo, 1 maa 22217

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a love Thein A	s it appears on the records	of the Florida Department
	ility company was organize	ed under the laws of:	
	ument/registration number o	of this limited liability com	pany is:
4. I, Patricia (Print N	ame of Person Resigning)	, hereby resign as a _	Manager Member (Printfille)
of this limited liab resignation in wri	pility company and affirm the iting.	he limited liability compan	y has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing I \$25.00 (Required) \$30.00 (Optional)	Meniber or Manager	FILI 09 JUL 23 I SECRETARY O FALLAHASSEE
	(<i>sp.ioim</i>)	1	PH I: I