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SECRETARY OF STATE

T. CLINE

APR - 9 2008

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations			
SUBJECT: P & D Quinn Safaries, LLC (Name of Limited Liability C	ompany)		
The enclosed member, managing member or manager res		submitted fo	r
filing.			
Please return all correspondence concerning this matter to):		
Walter C. Quinn			
(Contact Person)			
P & D Quinn Safaries, LLC			
(Firm/Company)	_		
4140 Bonway Drive	<u>.</u>	2001 SE TAL	
(Address)		2008 APR SECRETA TALLAHA	****
Pensacola, FL 32504		R -8 TARY HASSE	ï
(City/State and Zip Code)			
For further information concerning this matter, please cal	1:	AM II: 18 OF STATE E.FLORID	E.
Walter C. Quinn at (850	, 476-6104		
at (le & Daytime Telephone N	Number)	
Enclosed please find a check made payable to the Florida 25 Filing Fee	Department of State for]\$55 Filing Fee & Certified Copy	••	
STREET/COURIER ADDRESS:	MAILING ADDRES	SS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporati	ons	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 3	2314	



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 of State is: P & D Quinn Safaries, LLC	the Florida Department
2. This limited liability company was organized under the laws of: Florida	2008 APR -8 SECRETARY TALLAHASS
3. The Florida document/registration number of this limited liability compa L0700031184	OF STATE NY IS:
4. I, Noah P. Quinn , hereby resign as a M	anaging Member (Print Title)
of this limited liability company and affirm the limited liability company l resignation in writing.	nas been notified of my
2	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Conv: \$30.00 (Optional)	