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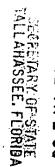
(Re	questor's Name)			
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D. BRUCE

AUG 13 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lloyds Asset Mc (Name of Limited Liabi	enagement L.L.C.	
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for	
Please return all correspondence concerning this mat	tter to:	
DAvid Love	,	
(Contact Person)		
(Firm/Company)		
789 Windertere Way	As =	•
Par Beach Garders P., (City/State and Zip Code)	33418 Res 2	7
For further information concerning this matter, pleas		
(Name of Contact Person) at (Are	a Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Floring Fee	orida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as oyds Asset MA		da Depar	tment 	ţ
Fluria			SECRETAR FALLAHASS	10 AUG 12	
L0700	nent/registration number of		 RY OF STAT	2 PM 2: 35	
	me of Person Resigning) ility company and affirm the				
Signature of Resignature	Howl ning Member, Managing M	ember or Manager		1	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)