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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

| то: | _ | stration Section sion of Corporations | | | |
|--------|---|---|--|-------------|--|
| SUBJ | ECT: | TAMPA DESIGN GROUP, LLC | | | |
| | | (Name of Limited Liability Con | npany) | | |
| The e | | d member, managing member or manager resig | nation and fee(s) are submitted for | r | |
| Please | e returr | all correspondence concerning this matter to: | | | |
| JES | US F | ORTE | _ | | |
| | | (Contact Person) | _ | | |
| TAN | 1PA [| DESIGN GROUP, LLC | | 3 | |
| | | (Firm/Company) | - SECA | ·. ? | |
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| | | (Address) | | (#10 141 | |
| WE | SLEY | CHAPPEL, FL 33544 | | | |
| | | (City/State and Zip Code) | 100 mg/11 mg | i | |
| For fi | ırther i | nformation concerning this matter, please call: | | | |
| JES | US F | ORTEat-(813 | 333-5635 | | |
| | (N | Name of Contact Person) (Area Code | & Daytime Telephone Number) | | |
| Enclo | osed ple | ease find a check made payable to the Florida I | Department of State for: 555 Filing Fee & Certified Copy | | |
| STRI | EET/C | OURIER ADDRESS: | MAILING ADDRESS: | | |
| _ | | tion Section Registration Section | | | |
| | sion of Corporations Division of Corporations | | | | |
| | on Building P.O. Box 6327 | | | | |
| | | tive Center Circle Florida 32301 | Tallahassee, Florida 32314 | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | nited liability company as it PA DESIGN GROUP | | of the Florida De | partment |
|----------------------------------|---|---------------------------|-------------------|---|
| 2. This limited liabilit FLORIDA | y company was organized u | nder the laws of: | | |
| 3. The Florida docum | ent/registration number of th | nis limited liability con | npany is: | |
| 4. I, ALEX W. CI | VILETTI | , hereby resign as a | MANAGING | MEMBER |
| | ity company and affirm the l | | | |
| Signature of Resign | ing Member, Managing Men | mber or Manager | | W. SE |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | ASSELFLORI | B C C C C C C C C C C C C C C C C C C C |