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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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TALLAHASSEEF LORIBA

J. SAULSBERRY EXAMINER

JUL 5 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Scrub Man LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Stephanie Burnette	
(Contact Person)	`
The Scrub Man LLC	÷ 2
(Firm/Company)	
3995 Hickory Hill Blvd	2011 JUL -1 SECRETARY
(Address)	
Titusville, FL 32780	AM 8: 33 OF STATE OF
(City/State and Zip Code)	— 奇
For further information concerning this matter, please ca	all:
Stephanie Burnette at (_321	750-7282
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	la 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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 appeared of State is: THE SCRUB MAN LLC	ars on the records of the Florida Department
This limited liability company was organized under selection. Florida	the laws of:
3. The Florida document/registration number of this lin	nited liability company is:
4. I, BURNETTE, RAYMOND R JR (Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limite resignation in writing.	d liability company has been notified of my
Raymul B. Bunitt Signature of Resigning Member, Managing Member	or Manager SECRETAR ASS
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	RYOF STATEOR