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D. BRUCE

MAY 26 2009

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
Sebober:	nited Liability Company
filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Johnathan Schleichkorn	
(Contact Person)	
	SEC ALL
(Firm/Company)	SECRETARY OF STATE ALLAHASSEE. FLORID
1821 Sweetwater W Circle	SEE.
(Address)	F S F F S F S F S F S F S F S F S F S F
Apopka, Florida 32712	STATE FLORIDA
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Johnathan Schleichkorn	_{at (} 407 ₎ 574-9917
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	nited liability company as it a Renterprises Limited			a Depa	rtmen	it
2. This limited liabilited the State of F	ty company was organized und Florida	der the laws of: 		SECRETA TALLAHA!	09 MAY 22	7
3. The Florida docum L070000521	ent/registration number of this	s limited liability con 	npany is:	RY OF STAT	22 PH 12: 43	
4. I, Johnathan S	Schleichkorn ne of Person Resigning)	_, hereby resign as a	Managing	Mer Title)	ယ nbei	F
of this limited liabil resignation in writing	ity company and affirm the lir	nited liability compa	ny has been n	otified	of my	,
() Such						
Signature of Resign	ning Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					