## L0700053373

THOMAS HAMPTOW (Requestor's Name)			
(Requestor's Name)			
P.o. Box 1973			
(Address)			
(Address)			
BRENTWOOD TN 37024 (City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
· ·			
(Business Entity Name)			
(Document Number)			
(Boodine Nambol)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<b>5</b>			
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TALLANIAS SEE FLORIDA

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7 SEP 11 AM 10: 03 GONETAKT OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: BRAHAM PARTNERS, UC (Name of Limited Liability Company)			
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this ma	atter to:		
THOMAS HAMPTON (Contact Person)			
•			
(Firm/Company)			
P.O. Box 1973	<del></del>		
BRENTWOOD, TN 3702 (City/State and Zip Code)	4		
For further information concerning this matter, plea	se call:		
THOMAS HAMPTON at (Arr	ea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida 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)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appears on the records of the Florid	•
of State is:	BRENHAM PARTHERS LL	<u> </u>
2. This limited liab	bility company was organized under the laws of:	
F	LORIDA.	
3. The Florida docu	cument/registration number of this limited liability company is:	
1070	000053373	
4.1, THOMA	AS G HAMPTON, hereby resign as a MGR Name of Person Resigning) (Print	?M Title)
	ability company and affirm the limited liability company has been r	notified of my
72	6 Hants	
Signature of Resi	signing Member Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	