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T. CLINE

FEB 16 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: X FACTOR SP. (Name of Limited Lie	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
John Dubyu (Contact Person)	
(Firm/Company)	2010 FEB
ORlando FL (City/State and Zin Code)	e Ave #15/08 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
OR Ando FL (City/State and Zip Code)	<u>3280/</u> 篇 篇
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (A	127 649-3/04 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	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

1. The name of the lin of State is:	mited liability company as it appears on the records of the Florida Department  FACTON SPONTS MANAGEMENT (CC
2. This limited liabili	ty company was organized under the laws of:
1	vid 4.
3. The Florida docum	nent/registration number of this limited liability company is:
•	
4. I, Print Nan	DOBULE, hereby resign as a MGRA  (Print Title) 75
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
	Wer -
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)