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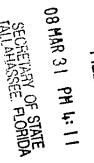
(Requestor's Name)	_
(Address)	_
(Address)	_
·	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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COVER LETTER

Division of Corporations	
SUBJECT: Collegiate Loar (Name of Limited)	n Advocates [Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Paul Goodland (Contact Person)	·
(Contact Person)	
(Firm/Company)	<u> </u>
725 9th St. Apl. B	<u> </u>
(Address)	
725 9 th St. Apt. E. (Address) Palm Harbor, FL 3468 (City/State and Zip Code)	3
For further information concerning this matter,	
Paul Goodland (Name of Contact Person)	(727) 421-2505.
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	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

		as it appears on the records of an Advocate		epartment	
	ility company was organize of Florida	ed under the laws of:	ę	08	
40760	D64853	of this limited liability comp	-	08 MAR 31 PA	晋罗
		, hereby resign as a _			
resignation in wri		the limited liability company	y nas been notiti	ied of my	
Jaul ?	A Good an	0			
Signature of Resi	gning Member, Managing	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				