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(R	equestor's Name)			
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(C	ity/State/Zip/Phone #	P)		
PICK-UP	☐ WAIT	MAIL		
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TALLAHASSEE, FI DRID

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HoopLogic, L.L.C.  (Name of Limited Liability Compa	any)
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Mark I. Ingber, C.P.A.	
(Contact Person)	
Mark I. Ingber, C.P.A., P.A.  (Firm/Company)	77
10100 West Sample Road Suite #326	07 NOV
(Address)	SSEE SSEE
Coral Springs, FL 33065-3973	F 8
(City/State and Zip Code)  For further information concerning this matter, please call:	RIDA RIDA
	510-0109
Enclosed please find a check made payable to the Florida Dep	Daytime Telephone Number)  partment of State for:  5 Filing Fee &  Certified Copy
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314



## 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 a	ppears on the records of	of the Florida De	partment
of State is: Ho	oopLogic, L.L.C.		<u> </u>	7
2. This limited lia	bility company was organized und	ler the laws of: 	REJAKY UF S	NOV -9 PM 2: 0
3. The Florida do L0700007	cument/registration number of this	s limited liability comp 		
4. I, Nathan Burre	on behalf of The Burrell Group LLC	_, hereby resign as a _	MGRM	
(Print	Name of Person Resigning)		(Print Title)	
of this limited li resignation in v	ability company and affirm the lin	nited liability company	y has been notific	ed of my
Mathod	Burll			
Signature of Re	signing Member, Managing Mem	ber or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)