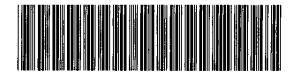
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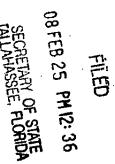
(Requ	iestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
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OF Thomas EEB S C 2008

M. Thomas FEB 2 5 2008

## **COVER LETTER**

Division of Corporations				
SUBJECT: OWEN F. BAYNARD LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for			
Please return all correspondence concerning this matter to:				
(OWEN F. BAYNARD) (Contact Person)	_			
OWENF. BAYNARD LLC (Firm/Company)	08 FEB			
1517 N Young Boulevard	OB FEB 25 PH 12: 36 SECRETARY OF STATE SECRETARY OF FLORID TALLAHASSEE FLORID			
Chiefland, FL 32626 (City/State and Zip Code)	F STATE FLORIDA			
For further information concerning this matter, please call:				
(Name of Contact Person) at (352) (Area Code	493-2676 e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida l \$25 Filing Fee	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

_	ited liability company as it ap	_	f the Florida Department
<b>-</b> -	company was organized und	er the laws of:	JAFEB CO
3. The Florida docume	ent/registration number of this	limited liability compa	any is:
	of Person Resigning)  ty company and affirm the lim	, hereby resign as a	•
Signature of Resigni	Bayyard Man. ng Member, Managing Memb	per or Manager	
	\$25.00 (Required) \$30.00 (Optional)	•	