## L07000080436

| . (Re                   | questor's Name)    |             |
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| , (//                   | questor s rearrie, |             |
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| (Cit                    | y/State/Zip/Phon   | e #)        |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

| Division of Corporati                         | ons                                    |  |
|---|--|--|
| SUBJECT:                                      | DG3 LLC                                |  |
|   | (Name of Limited Liability Company     | y)   |
| The enclosed member, mana filing.             | ging member or manager resignation     | on and fee(s) are submitted for                    |
| Please return all corresponde                 | ence concerning this matter to:        |  |
| MARK MONTESANO                                |  | 200<br>TALI  |
| (Contact                                      | Person)                                | 1 SI<br>CRE  |
|   |  | 1001 SEP I U P<br>SECRETARY OF S<br>VLLAHASSEE, FL |
| (Firm/Co                                      | ompany)                                | mg n   |
| 212 W WHITNEY DR                              | RIVE                                   | STATE -LORIDA                                      |
| (Addr   | ess)                                   | 2<br>A   |
| JUPITER, FL 33458                             |  | •  |
| (City/State a                                 | and Zip Code)                          | 6  |
| For further information conc                  | erning this matter, please call:       |  |
| MARK MONTESANO                                | 561                                    | 116-0058   |
| (Name of Contact Po                           | at \                                   | avlime Telephone Number)                           |
| (1.4  | (, , , , , , , , , , , , , , , , , , , | <b></b>  |
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| <b>✓</b> \$25 Filing                          |  | Filing Fee &                                       |
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| STREET/COURIER ADDI                           | RESS: MA                               | ILING ADDRESS:                                     |
| Registration Section                          |  | istration Section                                  |
| Division of Corporations                      |  | ision of Corporations                              |
| Clifton Building 2661 Executive Center Circle |  | . Box 6327<br>lahassee, Florida 32314              |
| Tallahassee, Florida 32301                    | ا ا ا ا                                | ianassee, 1 1011da 32314                           |
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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 of State is:           | limited liability company as i           | t appears on the records   | s of the Florida                                   | Department   |
|---|--|----------------------------|--|--------------|
| 2. This limited liab FLORIDA              | ility company was organized              | under the laws of:         | 2001 S<br>SECRE<br>TALLAH                          | 77           |
| 3. The Florida docu<br>L07000080          | ument/registration number of 0<br>0436   | this limited liability con | 2001 SEP   U P<br>SECRETARY OF S<br>ALLAHASSEE, FL |              |
| 4. I, KENNETH                             | I FROOM ame of Person Resigning)         | , hereby resign as a       | MGMR ?   | tle)         |
| of this limited lial<br>resignation in wr | oility company and affirm the            |                            |  | tified of my |
| Ke E                                      | <del></del>                              |                            | ÷  |              |
| Signature of Resi                         | gning Member, Managing Me                | ember or Manager           |  |              |
| Filing Fee:<br>Certified Copy:            | \$25.00 (Required)<br>\$30.00 (Optional) |                            |  |              |