L07000083244

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

Office Use Only



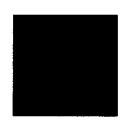
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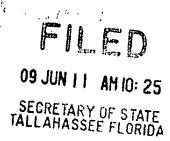
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09 JUN 11 AM 10: 25
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:	Interstate Baseball Part	
	(Name of Limite	ed Liability Company)
The enclosed filing.	d member, managing member or r	nanager resignation and fee(s) are submitted for
Please return	n all correspondence concerning the	nis matter to:
Peter Ca	rufe	
	(Contact Person)	
Interstate	Baseball, LLC	·
	(Firm/Company)	
1837 Sou	uth Prairie Avenue	
	(Address)	
Chicago,	IL 60616	
	(City/State and Zip Code)	
For further i	nformation concerning this matter	, please call:
Peter Ca	rufe	at (312) 925-0101 (Area Code & Daytime Telephone Number)
()	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to \$\int \sqrt{}\$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee &
	_	Certified Copy
Registration Division of Clifton Build 2661 Execut	Corporations	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

	limited liability company as erstate Baseball, LLC	it appears on the records of the Florida Department
2. This limited liab	oility company was organized Orida	under the laws of:
	ument/registration number of # L07000083249	this limited liability company is:
4. I, Jon Ayres (Print Name of Person Resigning)		, hereby resign as a Partner (Print Title)
•	bility company and affirm the	e limited liability company has been notified of my
	In Marier	
Signature of Res	igning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	