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THE PRICE OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OR ID.

M. THOMAS

SEP - 1 2009

EXAMINER

TO: Registration Section Division of Corporations	•
SUBJECT: GLASSIFIED, LLC	
(Name of Limited L	iability Company)
The enclosed member, managing member or mar filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
BRADLEY M. LOCKE	
(Contact Person)	ALLE SEC
GLASSIFIED, LLC	2009 AUG 31 PH 12: 28 SECRETARY OF STATE TALLAHASSEE. FLORID
. (Firm/Company)	P P
1101 HILLWOOD DRIVE	
(Address)	10 A
SANFORD, FL 32771	<u> </u>
(City/State and Zip Code)	•
For further information concerning this matter, p	lease call:
BRADLEY M. LOCKE at (321 299-5782
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee &
V 020 1 11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Evenutive Center Circle	Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as ASSIFIED, LLC	it appears on the records of	the Florida Department
2. This limited liabil	lity company was organized E OF FLORIDA	under the laws of:	FIL CU SECRETARY OF SECRETARY O
3. The Florida document L07000084	ment/registration number of 932	this limited liability compa 	PH 12: 28 EE. FLORIDA my is:
4. I, KRIS SCHI	NEIDER une of Person Resigning)	, hereby resign as a M	IGRM (Print Title)
	ility company and affirm the	limited liability company	,
Signature of Resignature	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		