107000086657

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	WAIT .	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	ocument Number)				
Certified Copies	Certificates of Status				
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Special Instructions to	Filing Officer:				

Office Use Only



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10/37

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: STROKER PER (Name of Limite	ZFORMANCE, L.L.C.
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
JOHN PLANTRY (Contact Person)	
STROKER PERFORM	1 ANCE MADE AND AN ANCE
STROKER PERFORM (Firm/Company) (It on 18-14-18-18-18-18-18-18-18-18-18-18-18-18-18-	L ST.
Orlando FC. 328 (City/State and Zip Code)	05
For further information concerning this matter	
(Name of Contact Person)	at (<u>407</u>) <u>999-0123</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	Docemus p. o
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassaa Flarida 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

	mited liability company			orida Department
	ity company was organiz	,		08 OCT -9
	nent/registration number	•	company is:	M 8 49
4.1, <u>JOHN P.</u> (Prim Nan	LANTRY TR	, hereby resign a	as a MG	RM rint Title)
resignation in writi	lity company and affirming. hing Member, Maraging		npany has bec	en notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			