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| • | (Red | questor's Name) | | | |
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| (Address) | | | | | |
| | (City | //State/Zip/Phon | e #) | | |
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| Certified Copies | • | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | | |
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DIVISION OF CORPORATIONS

09 JUL 30 AM II: 20

T. HAMPTON
JUL 8 1 2009

EXAMINER

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: SureLive Inspects (Name of Limited Liability Co. | ompany) |
| The enclosed member, managing member or manager resigning. | ignation and fee(s) are submitted for |
| Please return all correspondence concerning this matter to | : |
| Robinst Ryan Saruz (Contact Person) | _ |
| Superine Inspection Schul | log LLC |
| 13014 N. Bale Masay Hwy #21 | 2 |
| TAMA (City/State and Zip Code) | |
| For further information concerning this matter, please call | l: |
| (Name of Contact Person) at (B/3) (Area Cod | le & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Clifton Building | P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company a SURELINE TWY | | |
|----------------------------------|--|-------------------------------|----------------------------------|
| | ility company was organize | ed under the laws of: | |
| | ument/registration number of 1888 92725 | of this limited liability con | npany is: |
| 4. I, <u>Robeat</u> (Print No | ame of Person Résigning) | , hereby resign as a | MANASING MEMBER (Print Tille) |
| | oility company and affirm the | | |
| Signature of Resi | gnifig Member, Managing I | Member or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 09 DIV |

CR2E079 (5/06)

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL 30 AM. 11: 20