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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	⊋#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Davis		
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G. MCLEOD

JAN 0 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coper Sourc 222 (Name of Limited L.	iability Company)
The enclosed member, managing member or manifiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Robert Grier (Contact Person)	
(Firm/Company)	Distribution
396 SW Symmerhill Gla (Address)	
Lake City, Fl 32024 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Robert Grice at (Name of Contact Person)	386) 758-1773 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

	_	ny as it appears on the records	•
	ility company was orga	nized under the laws of:	
	ument/registration numb	per of this limited liability con	npany is:
•	ame of Person Resigning)	, hereby resign as a	(Print Title)
of this limited lial resignation in wr		rm the limited liability compa	ny has been notified of my
Rose E	. Grier	12/31/07	
		ing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		NAF 80