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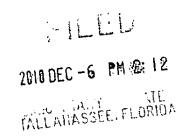
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE ORIGINAL PADDY MURI	
The enclosed member, managing member or manager r filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
GREGORY M. WHITE	
(Contact Person)	
THOMAS, ZURCHER & WHITE, P.A.	
(Firm/Company)	
1302 ORANGE AVE.	
(Address)	
WINTER PARK, FL 32789	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
GREGORY M. WHITE at (40)	7 , 599-5900
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori \$25 Filing Fee	da 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

	limited liability company as it a E ORIGINAL PADDY M	• •	•
2. This limited liab FLORIDA	ility company was organized un	der the laws of: 	
3. The Florida docu L07000104	ument/registration number of thi	s limited liability cor	npany is:
4. I, ROBIN GO	OLDBERG JOHNSON	_, hereby resign as a	MANAGER MEMBER
(Print N	ame of Person Resigning)		(Print Tule)
of this limited lial resignation in wr	bility company and affirm the li	mited liability compa	ny has been notified of my
Robin &	oldberg Johnson	n	
Signature of Resi	gning Member Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		