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Certified Copies	Certificates o	of Status		
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Office Use Only



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## **COVER LETTER**

TO: Registra Division	ation Section n of Corporations	
SUBJECT:	Parablesoft L. (Name of Limited Liability Con	npany)
The enclosed m	nember, managing member or manager resig	nation and fee(s) are submitted for
Please return al	Il correspondence concerning this matter to:	
Willia	am Benjanin Smith (Contact Person)	•
		_
	(Pirm/Company)	
2555	Lake Ellen Circle (Address)	-
Tamp	(City/State and Zip Code)	-
For further info	ormation concerning this matter, please call:	
Ben S	at (813) ne of Contact Person) (Area Code	) <u>394-5639</u> & Daytime Telephone Number)
Enclosed pleas	e find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy
Registration Se Division of Co Clifton Buildin	rporations ig e Center Circle	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

_	nited liability compan CVaSle 5 of	y as it appears on the records	of the Florida De	partment
		nized under the laws of: Tampa, Florida	<b>a</b>	
	ent/registration numb	er of this limited liability com	pany is:	•
4. I, William (Print Name	Benjamin e of Person Resigning)	Smith, hereby resign as a	manasing (Print Title)	member
	ity company and affir	m the limited liability compan effective 1/1/09		
Signature of Resign	<del></del>	ng Member or Manager		
Filing Fee: Certified Copy:				

CR2E079 (5/06)