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(Requestor's Name)			
(Address)			
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(1000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations	
SCECE:	NOLOGY GROUP ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Bob Ladrach	
(Contact Person)	
(Firm/Company)	
3020 Indian Tra	
Lake Worth, FL 3	3462
For further information concerning this matter	r, please call:
(Name of Contact Person)	at (561) 373-1424 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sum_{\text{\$\sum_1\$}}\$	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY OF CORFORATION OF AUG -7 PH 1:E

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

1. The name of the of State is:	limited liability company as it app	Group, L	of the Florida Department
2. This limited liab	ility company was organized unde	r the laws of:	
3. The Florida docu	ument/registration number of this 1	imited liability comp	pany is:
4. I, Bob (Print N	Ladrach, Jame of Person Resigning)	hereby resign as a _	MGR (Print Title)
of this limited lial resignation in wr	bility company and affirm the limit	ted liability compang	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		