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ZECRETARY OF STATE
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T. CLINE

AUG 1 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EGUITY ROMAN (Name of Limit	ESOLUTIONS GROUP, LLC ed Liability Company)
The enclosed member, managing member or a filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
JOHN F. CAREY (Contact Person)	
(Firm/Company)	SECRE AU
5 LYSILOMA CT (Address)	TARY AASSE
(Address) HOMOSASSA, FL (City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE. FLORIO.
For further information concerning this matter	· -
(Name of Contact Person)	at (352) 3f2-2947 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	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

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

1. The name of the limited liability company as it appears on the records of of State is: EQUITY RESOLUTIONS GR	
2. This limited liability company was organized under the laws of: STATE OF FLORIDA.	
3. The Florida document/registration number of this limited liability compa	ny is:
4. I, JOHN 15 CAREY , hereby resign as a	MERN (Print Title)
of this limited liability company and affirm the limited liability company l resignation in writing.	has been notified of my
Signature of Resigning Member, Managing Member or Manager	PHIZ: 52 OF STATE E, FLORIDA
Filing Fee: \$25.00 (Required)	•
Certified Copy: \$30.00 (Optional)	