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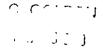
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
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CHR I	Delgado & Romanik, PLLC		
.901)		mited Liability C	Ompany)
The e	nclosed member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to	o:
Aaron	D. Delgado		
-	(Contact Person)		
Law O	offices of Aaron Delgado & Associates, PLLC		
	(Firm/Company)		
227 Se	abreeze Boulevard		
	(Address)		_
Daytor	na Beach, FL 32118		
	(City/State and Zip Code)	· · ·	
For fu	erther information concerning this mat	iter, please cal	1:
Janette	W. Rakes	386 at (255-1400
-	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations
			The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department do & Romanik, PLLC
2. The Florida doc L07000123705	ument/registration number assigned to this limited liability company is:
4. I,	, hereby withdraw/resign as a
(Print № MGR	'ame of Person Resigning)
<u> </u>	(Print Title) bility company and affirm the limited liability company has been notified of my
Mal	Thornand
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)