## L07000/24817

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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations					
SUBJECT: Low Rudget Power (Name of Limit	auashing + Detailing, U				
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for				
Please return all correspondence concerning t	his matter to:				
Gerard Elsis (Contact Person)	SECRETARY C TALLAHASSEE				
(Firm/Company)	Tr. C.				
2200 S. Cypress Berd D	rive Suite 506				
Pompano Reach FL 33 (City/State and Zip Code)	069				
For further information concerning this matter	r, please call:				
Gerard Elsis (Name of Contact Person)	at ( <u>&amp;3</u> ) <u>389 0319</u> (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:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327				
2001 Executive Center Circle	Tallahassee, Florida 32314				



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability compan		_	f the Florida	Departmen	nt
of State is: COO	war regional c	uel wasi	ind . De	<del>gyttit/ð</del>	J. Ca	
2. This limited liabil	ity company was organ	nized under th	e laws of:	TALLAHASS	ZIMI OCT 29. Secretary	7
	ment/registration numb かいる4817	er of this limi	ted liability comp	any is: FORIU	PH 3: 10	C
4. I,	y Elsis me of Person Resigning)	, her	eby resign as a	Mar (Prod T	itle)	
of this limited liabi resignation in writ	lity company and affiring.	m the limited	liability company	has been no	otified of m	ı <b>y</b>
Stary	ElxD					
Signature of Resig	ning Member, Managi	ng Member or	Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					
commod copy.	φυνίου (Optional)					