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2008 SEP 17 AM II: 49
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE

SEP 1 8 2008

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations			
SUBJECT: MASTERS (Name of Limited Lia	OG(STICS, LLC ability Company)		
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this m	atter to:		
REBECCA BOUTWE	:((
(Firm/Company)	SECRE TALLAH		
918 FREMONT AUG (Address)			
(City/State and Zip Code)	3 <u>878</u> 9 35 5		
For further information concerning this matter, ple	ase call:		
RESECCA BOUTWELL at (Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the least \$25 Filing Fee	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	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appears on the records of the F	-	artmer	nt
2. This limited liabilit	y company was organized under the laws of: ONIDA .	SECRETARY O TALLAHASSEE	2008 SEP 17 1	<u> </u>
	ent/registration number of this limited liability company is:	F STATE FLORIDA	AM II: ×0	Ö
	ty company and affirm the limited liability company has beg.	•	(PULCENTI
	ing Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)