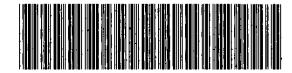
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Productive Capital Concepts (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Melonail Hules (Contact Person)
1824 NW 15 AVENUE (Productive Capital Concepts (Firm/Company)
Fort Landerdale, FL 33311
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 394 824 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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 the Florida Department of State is: \\ \text{Productive Capital Concepts}	ırtme	:nt -·
2. This limited liability company was organized under the laws of: State of Florida.		
3. The Florida document/registration number of this limited liability company is: L 0 8 5 0 6 0 0 5 0 3 8.		
4. I, Melmail Hiller, hereby resign as a Counseland (Print Name of Person Resigning) (Print Title)	₹_	-
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of m	ıy
Signature of Resigning Member, Managing Member or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	NUL 80	DIVISION

CR2E079 (5/06)

OR JUN 30 PH 3: 48