LORDOOD OF BLOOP

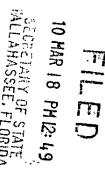
(Re	equestor's Name)				
(Address)					
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D. BRUCE

MAR 19 2010

EXAMINER

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	·	ted Liability Compar		
	(Name of Limi	led Liability Compar	iy)	
The enclosing.	osed member, managing member or	manager resignat	ion and fee(s) are subn	nitted for
Please re	eturn all correspondence concerning	his matter to:		
Marcu	s Sowinski			
	(Contact Person)			
	(Firm/Company)			A res
3035 8	SW 1st Ave #504			TO MAI
	(Address)			R I
Miami,	, FL 33129			EFF.SIA
	(City/State and Zip Code)			SE VO
For furth	er information concerning this matte	r, please call:	<u>;</u>	64 P
Marcu	s Sowinski	· *** \	903-1827	<u>.</u>
	(Name of Contact Person)	(Area Code & I	Daytime Telephone Num	ber)
Enclosed	I please find a check made payable to √ \$25 Filing Fee	\$55	artment of State for: Filing Fee & Certified Copy	
Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	Re Di P.G	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 3231	

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 of State is: S20	limited liability company as C2 LLC	it appears on the records	s of the Florida Department
2. This limited liab	vility company was organized	i under the laws of:	
3. The Florida doc 	ument/registration number of 7369	f this limited liability cor	npany is:
4. I, Marcus Sowinski		, hereby resign as a	Manager & S
\	bility company and affirm th		(i i iii i iiie)
Signature of Res	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		10 H
	\$30.00 (Optional)		MR 18 PHIZ:

CR2E079 (5/06)