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Special Instructions to Filing Officer:

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RECRETARY OF STATE

ALLAHASSEE F. STATE

COVER LETTER

| | ration Section on of Corporations | | | | |
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| SUBJECT: | (ELEBLITY | CONCTERGE | MANAGEMENT | | |
| | (Nar | ne of Limited Liabili | ty Company) | | |
| The enclosed filing. | member, managing me | ember or manager | resignation and fee(s) | are submitted for | |
| Please return | all correspondence con | cerning this matte | er to: | | |
| | TARES JUKE L (Contact Person) | <u> </u> | | 165 TA'S | |
| | (Contact Person) | | | ECA S | - |
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| | (Firm/Company) | | | SECRETARY OF STATE ALLAHASSEE, FLORIDA | 5 |
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| | City/State and Zip Co | ode) | | | |
| For further in | formation concerning t | his matter, please | call: | | |
| VEN | KARL | .201 | - 1139 - 63 | ~ ~ | |
| (Name of Contact Person) at (305) 439 - 6200 (Area Code & Daytime Telephone Number) | | | | | |
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| Enclosed plea | se find a check made p | | | te for: | |
| \$25 Filing Fee \$ Certified Copy | | | , | | |
| | / \ | | common 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 32314 | | rida 32314 | | | |
| Tallahassee, F | lorida 32301 . | | | | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as it ELEBRITY CONCIERO | | |
|--------------------------------------|---|--------------------------|--------------------------|
| | lity company was organized un | nder the laws of: | |
| | ment/registration number of th | | any is: |
| 4.1, JARES | JUKEL ume of Person Resigning) | , hereby resign as a | C.F.O. Mom (Print Title) |
| Signature of Resignature Filing Fee: | oility company and affirm the li | imited liability company | |