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SECRETARY OF STATE
TALL A HASSEE

D. BRUCE FEB 2.3 2009 EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: OIL FREE, (Name of Limited Liability Comp	LLC pany)		
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for		
Please return all correspondence concerning this matter to:			
LEONARD D. WALLAC	E		
OIL FREE, LLC (Firm/Company)	SECI TALL/		
4077 HARWOOD - F (Address)	EB 20 F		
(Firm/Company) A077 HARWOOD - F (Address) DEBRIFLD BEACH, FL (City/State and Zip Code) For further information concerning this matter, please call:	33442 FLORID		
For further information concerning this matter, please call:	Þ		
(Name of Contact Person) (Name of Contact Person) (Area Code &			
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$5	partment of State for: 5 Filing Fee & Certified Copy		
	MAILING ADDRESS:		
	Registration Section Division of Corporations		
	P.O. Box 6327		
	Fallahassee, Florida 32314		

Tallahassee, Florida 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

1. The name of the	limited liability company as it	appears on the records	s of the Florida De	partment
of State is:	OIL FREE	, LLC	· · · · · · · · · · · · · · · · · · ·	·•
2. This limited liab	ility company was organized un			
3. The Florida doc	ument/registration number of th	is limited liability con	npany is:	
4. I,	N W. GANNON lame of Person Resigning)	, hereby resign as a	MANAG/NG (Print Title)	MEMBED
of this limited lia resignation in wr	bility company and affirm the li	mited liability compa	ny has been notific	ed of my
	Jul W. Junes Igning Member, Managing Men	<u>.</u>	**************************************	
Signature of Res	gning Member, Managing Men	iber or Manager	SECKETAI LLAHAS	F 11 09 FEB 20
	\$25.00 (Required) \$30.00 (Optional)		RY OF STATI SEE, FLORIC	