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COVER LETTER

Registration Section
Division of Corporations

TO:

npany)
nation and fee(s) are submitted for
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·•
) 501 - 9175 & Daytime Telephone Number)
Department of State for: \$55 Filing Fee & Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	as it appears on the records of ces, LLC	the Florida Department
2. This limited liab	oility company was organize	ed under the laws of:	
	ument/registration number の 201556み	of this limited liability compar	ny is:
(Print N	bility company and affirm t	hereby resign as a Mu	,
Amthony h	. Duyon igning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEGRE TARY OF ST DIVISION OF CORPOR

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