LU800016726

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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TO MAR - 3 AMILLI

10 MAR -3 PM 1:58

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: United Member Business Service (Name of Limited Liability Co	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted f
Please return all correspondence concerning this matter to	:
F. Palmer Williams, Esq.	
(Contact Person)	_
Williams Gautier Law Firm	
(Firm/Company)	_
Post Office Box 4128	
(Address)	
Tallahassee, FL 32315	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
Christi Holland, Legal Assistant at (850	386-3300
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	andidose, i folia 52517

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 in lited Member Business		f the Florida Department
2. This limited liab	ility company was organized t	under the laws of:	
3. The Florida docu <u>L08000016</u>	ument/registration number of t	his limited liability compa	any is:
4. I, Ray E. Cro	omer, Jr.	, hereby resign as a N	lanager
	dame of Person Resigning) bility company and affirm the iting.	limited liability company	(Print Title) has been notified of my
X Lay E C Signature of Resi	lowh, J gning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Confidence Copy.	450.00 (Optional)		