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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| (Bootilie Hamber) | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

T. MAMPTON

- 8 2008

EXAMINER

COVER LETTER

| Division of Corporations | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| SUBJECT: TWO GIRLS AND A BUCKET, LLC (Name of Limited Liability Company) | |
| The enclosed member, managing member or manager resignation and fee(s) are submitted filing. | or |
| Please return all correspondence concerning this matter to: | |
| KELLY RUSSELL (Contact Person) | |
| TWO GIRLS AND A BUCKET, LLC (Firm/Company) | |
| 7538 SIERBA RIDGE LANE (Address) | |
| LAKE WORTH, FL 33463 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Name of Contact Person) at (50) 951-6430 (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle 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

| | limited liability company as | | |
|----------------------|------------------------------------------|-------------------------------|-----------------------------------------|
| 2. This limited liab | ility company was organized | | |
| | ament/registration number of | f this limited liability comp | oany is: |
| , | pility company and affirm the | | (17111111111111111111111111111111111111 |
| Signature of Resi | Froots gning Member, Managing N | lember or Manager | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | 08 JUL -7 SECRETARY (TALLAHASSEE |

CR2E079 (5/06)