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| (Requestor's Nam | re) |
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| • | • |
| (Address) | <u> </u> |
| | • |
| (Address) | |
| (City/State/Zip/Ph | one #) |
| (Only/Otale/21p/F11) | one # |
| PICK-UP WAIT | MAIL |
| | · |
| (Business Entity N | lame) |
| | |
| (Document Numb | er) |
| Certified Copies Certifica | tes of Status |
| | |
| Special Instructions to Filing Officer: | 1 |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON INN -5 AM 8: 4

J. BRYAN

JAN - 6 2009

EXAMINER

COVER LETTER

| PO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Brad Farris Ento (Name of Limit | Prises, LLC ed Liability Company) | | |
| The enclosed member, managing member or r filing. | nanager resignation and fee(s) are submitted for | | |
| Please return all correspondence concerning the | his matter to: | | |
| Cypress R. Farts (Contact Person) | | | |
| (Contact Person) | 9 | | |
| | 1510k | | |
| (Firm/Company) | | | |
| (This company) | 5 g | | |
| 4580 Concord Londay Din | · F// | | |
| (Address) | 09 JAN - 5 A 8: 4 | | |
| Orlando T-Lorda 32839 (City/State and Zip Code) | | | |
| For further information concerning this matter | r, please call: | | |
| (Name of Contact Person) | at (501) 846 0259 (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to | the Florida Department of State for: | | |
| \$25 Filing Fee | \$55 Filing Fee & | | |
| · | Certified Copy | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 | | |
| 2001 Executive Cettlet Citele | Tallahassee, Florida 32314 | | |

CR2E079 (5/06)

Tallahassee, Florida 32301







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

| 1. The name of the | limited liability compar | y as it appears | on the records | of the Florida Departmen |
|--|--|-------------------|-----------------|------------------------------|
| of State is: | BRAD FARRIS | ENTERF | PRISES L | LC |
| 2. This limited liab | oility company was organ | nized under the | laws of: | |
| | ument/registration numb | er of this limite | d liability com | pany is: |
| 4. I, Cypness (Print N | Qae Fards Jame of Person Resigning) | , herel | by resign as a | Momager (MCIR) (Print Title) |
| of this limited lia resignation in wr | | m the limited li | ability compan | y has been notified of my |
| Cy | | | | |
| Signature of Res | igning Member, Managi | ng Member or I | Manager | |
| • | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |