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(Requestor's Name)				
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(Document Number)				
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SECRETARY OF STATE
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T. CLINE AUG 1 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: INVESTIGATOR PROPER (Name of Limited L	<u> </u>	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are so	ubmitted for
Please return all correspondence concerning this i	natter to:	
DAVID E. MENET		
(Contact Person)		
SALTER, FEIBER, MURPHY, HUTS	ON & MENET, P.A.	70 B
(Firm/Company)		ECTE ALLAN
3940 NW 16 BLVD, BLDG B		TAI TAS
(Address)	· ,	SEE
GAINESVILLE, FL 32605		7008 AUG 12 PM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORIO
(City/State and Zip Code)		習 ま
For further information concerning this matter, pl	ease call:	7
DAVID E. MENET at (352 376-8201	
(Name of Contact Person) (A	Area Code & Daytime Telephone N	umber)
Enclosed please find a check made payable to the \$\sqrt{25}\$ Filing Fee	Florida Department of State for: \$55 Filing Fee &	:
<u></u>	Certified Copy	,
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRES Registration Section	SS:
Division of Corporations	Division of Corporation	าทร
Clifton Building	P.O. Box 6327	,,,,,,
2661 Executive Center Circle	Tallahassee, Florida 3	2314

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

	mited liability company as it ap		of the Flori	ida Department	t
2. This limited liabili	ty company was organized und	er the laws of:			
3. The Florida docum L080000248	nent/registration number of this	limited liability comp	oany is:	2000 AUG SECRET TALLAHA	pr = 1
4. I, BEAU BEEI (Print Nam		, hereby resign as a N		SER -	
of this limited liabil resignation in writi	lity company and affirm the liming.	ited liability company	has been	notified of my	Total State
Signature of Resign	ning Member, Managing Memb	er or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				