## 080000025904

(Danish Ja Marra)				
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C. LEWIS JUN 28 2012 **EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
By to the Cosperation	
SUBJECT: BALTIC OIL INVESTMENTS L	LC
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
JOEL POWLESS	
(Contact Person)	<del></del> -
BALTIC OIL INVESTMENTS LLC	
(Firm/Company)	<del></del>
PO BOX 577	
(Address)	
FLORA, ILLINOIS 62839	
(City/State and Zip Code)	
For further information concerning this matter, please of	eatl:
JOEL POWLESS at ( 618	8 316-4894 Code & Daytime Telephone Number)
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	da Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<del>_</del>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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SECKETART OF STATE
TALLAMASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it TIC OIL INVESTMEN	• •	of the Florida Department
2. This limited liabil FLORIDA	ity company was organized u	nder the laws of: 	
3. The Florida documents L08000025	ment/registration number of th	is limited liability con	npany is:
	ility company and affirm the I		Operating Manager (Print Title) ny has been notified of my
Signature of Resig	ning Member, Managing Mer	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		