## LD8000027424

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

Office Use Only



800121671798

04/01/08--01026--009 \*\*55.00

SECRETARY OF STATE OF CORPORATIONS

J. BRYAN

APR - 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STAFT-A-Polse, LCC. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Daniel P. Ray (Contact Person)
Start-A-Pulse, LCC. (Firm/Company)
1261 SPIEndid Ravine St. (Address)
St. Augustine, FL. 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Daviel P. Ray at (561) 400-796 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	START-A-PUISE, LLC.	Department
2. This limited liab	oility company was organized under the laws of:	OB APR -1
	cument/registration number of this limited liability company is:	1 PH 1: 38
4.1, Albert	v D. Oufka , hereby resign as a Manage Name of Person Resigning) (Print) Til	
	ability company and affirm the limited liability company has been not	
flet	DODE	
Signature of Resi	signing Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	