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M. THOMAS

MAY 1 2 2009

EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Amber Station, LLC.	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Chad Heinrich	
(Contact Person)	
mber Station, LLC.	
(Firm/Company)	AHAY
1064 Kelly Creek Circle	2009 MAY 11 PM 12: 4
(Address)	, F. S.
Oviedo, FL 32765	ORID
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Chad Heinrich	6362184
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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

	nited liability company as it are Station, LLC.	appears on the records of	
2. This limited liabilit State of Florid	y company was organized ur da	nder the laws of:	SEURETARY OF STATU TALLAHASSEE, FLORI
3. The Florida docume L080000284	ent/registration number of th	is limited liability comp	pany is:
4. I, Chad Heinric		, hereby resign as a _	Manager
,	e of Person Resigning) ity company and affirm the li ig.	imited liability company	(Print Title) y has been notified of my
Signature of Resign	ing Member, Managing Mer	nber or Manager	s
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		