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DIVISION OF CORPORATIONS

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T. HAMPTON

SEP - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: BAM Power LLC	
(Name of Lin	nited Liability Company)
The enclosed member, managing member o filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Mathew J DeLamielleure	
(Contact Person)	<u></u>
(Firm/Company)	
1864 Cross Point Way	
(Address)	
Saint Augustine, FL 32092	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Mathew DeLamielleure	at (408) 832 1704
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	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

	imited liability company a / Power LLC	s it appears on the records of	the Florida Department
2. This limited liabi Florida	lity company was organize	ed under the laws of:	
3. The Florida docu	-	of this limited liability compa	ıny is:
of this limited liab resignation in write	<i>me of Person Resigning)</i> ility company and affirm tl	he limited liability company	Pirector/Princaple / MGRN (Print Title) has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF SECRETARY OF CORPO

CR2E079 (5/06)