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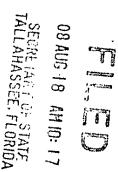
(Requestor's Name)
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D. BRUCE AUG 19 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: MOTO INVESTMENTS LLC (Name of Limited Liab	ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
APRIL PEACH CONDRON	
(Contact Person)	
CAPE COD MGMT SVC INC	SE SE
(Firm/Company)	O8 AUG
314 NE 27TH STREET	ASSE
(Address)	AH IO:
WILTON MANORS FL 33334-2020	AH IO: 17 UF STATE.
(City/State and Zip Code)	0.F .7
For further information concerning this matter, please	se call:
APRIL PEACH CONDRON at (9	954 , 630-8300
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida 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

	limited liability company as it appears on the records of the Flo	orida De	_	ient
2. This limited liab FLORIDA	ility company was organized under the laws of:	SEORE INCY OF S	08 AUS 18 AH IC	
3. The Florida doct L08000035	iment/registration number of this limited liability company is: 5170	DRIDA	Ē	
4. I, STEPHAN		rint Title)		_
of this limited lia resignation in wr	bility company and affirm the limited liability company has been ting.	n notifi	ed of	my
Signature of Res	gning Member, Managing Member or Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			