108000037044

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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SECRETARY OF ST

T. CLINE

AUG 2 6 2008

EXAMINER

LOR-37046

COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: Delta Oil Enterprises, LLC	Et. Common
(Name of Limited Liabi	hty Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	iter to:
Paul Mosbey	
(Contact Person)	
Delta Oil Enterprises, LLC	
(Firm/Company)	
5042 Maple Drive	ر المحمد المحمد المحمد المحمد المحمد المحمد
(Address)	
Pleasant Hill, IA 50327	BOOD AUG 25 TALLAHASSE
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Paul Mosbey at (6	641 ₎ 799-0884
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$\square \square \\$55 \text{Filing Fee &} 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 32301	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

	limited liability company as it ap Ita Oil Enterprises, LLC	ppears on the records	of the Flo	rida De	partme	nt -
2. This limited liab	llity company was organized und	ler the laws of:		JAC SEC	2000	s, power, 15
3. The Florida docu 80-018204	ment/registration number of this	limited liability con	npany is:	AHASSEE, S	25 PH	بار المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
4. I, Bill Cox		, hereby resign as a	Manag	er	<u>12</u>	
	ame of Person Resigning)	_,	(Pr	int Title)	22	•
of this limited liab	oility company and affirm the linting.	nited liability compar	ny has bee	n notifie	ed of m	ıy
Signature of Resi	gning Member, Managing Meml	oer or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					