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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Scribbles of Scribbles of Scribbles of Limited Li	ability Company)
The enclosed member, managing member or manafiling.	
Please return all correspondence concerning this n	natter to:
Anic Swan (Contact Person)	
The Pages Tree (Firm/Company)	II ŞEP 19 A
1931 S. Osprey Ave.	LORDA
Sarasota FL 34239 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Amie Swan at (Amne of Contact Person)	94/) 266 - 1326 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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	Scribbles ompany as		
	oility company was organized		III, SEP 19 IN STANKEY OF STANKEY
Logo	cument/registration number o	· · · · · · · · · · · · · · · · · · ·	parly is.
4. I, Rarba (Print)	Yame of Person Resigning)	, hereby resign as a _	Manage r (Print Title)
of this limited lia resignation in w	ability company and affirm thriting.	ne limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	-	