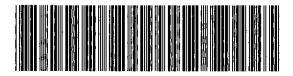
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(Requestor's Name)
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10/30/08--01029--004 **\$5.00

LATER OF CORPORATIONS

J. BRYAN
OCT 3 1 2008
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: PB WILLIAMS MANAGEMENT, LLC (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PB WILLIAMS MANAGEMENT, LLC

(Firm/Company)

2805 E OAKLAND PK BLVD #247

FORT LAUDERDALE, FL 33306

For further information concerning this matter, please call:

PEGGY WILLIAMS	at (954) 701-8539
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	
\$25 Filing Fee	√ \$55 Filing Fee &
	Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 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

1. The name of the lim	ited liability company as it app	ears on the records	of the Florida Dep	1
2. This limited liability FLORIDA	company was organized unde	r the laws of:		08 OCT 30 PH 1: 09
L0800003	· · · · · · · · · · · · · · · · · · ·			_
of this limited liability resignation in writing	williams, of Person Resigning) ty company and affirm the liming. In Member, Managing Member	ted liability compar	(Print Title)	
_	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)