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Special Instructions	to Filing Officer:			
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EXAMINER



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SECRETARY OF STATE OF DIVISION OF CHEROSTATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ERIC A. ARRINGTON & ASSOCIATES, LLC				
(Name of Limited I	Liability Company)			
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:			
Exic Apply 659 (Contact Person) Esq	• <u> </u>			
Epic A. ARRINGTON & A (Firm/Company)	sociates, LLC			
1150 Hillsboro Mite, #	-616			
Hills boro Beach 71. (City/State and Zip Code)	33062			
For further information concerning this matter, p	lease call:			
Exic Person at (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the State of	e Florida Department of State for: \$55 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 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301





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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 a C A. ARRINGTON &		ls of the Florida Department LC
01 State 1s			•
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L08000043	ment/registration number of 022	this limited liability co	mpany is:
4. I, YOLANDA PATINO		, hereby resign as a	, MANAGER
(Print Name of Person Resigning)		·	(Print Title)
of this limited liab resignation in wri	ility company and affirm the	limited liability comp	any has been notified of my
Signature of Resignature	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
~	\$30.00 (Optional)		