L08000045768

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				

APR -8 2009

EXAMINER

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SECRETARY OF STATE TAIL AHASSEE, FLORIDA

THE DE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUPFAML (Name of Lim	Web Makety ited Liability Company)
The enclosed member, managing member of filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Justin Contact Person)	2009 APR -6 F
(Contact Person)	ART PR
Blueflam Wes M	16/ch
(Firm/Company)	FLOT -
21716 1444 Bar ch Bock (Address)	200 r. L 33478 E. 52
(Address)	
(City/State and Zip Code)	
	an whose self
For further information concerning this matt	er, please call:
Just'n Cuhn	at (56) 789-456)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	to the Floride Department of State for
\$25 Filing Fee	
φ25 7 Hing 1 00	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



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	limited liability con	npany as it a	appears on the records	of the Florida De	26 partment_
of State is: B	lue. Plame	Web	Mitching	AH.	APR
	ility company was o		J	ARY OF STATE (SSEE, FLORIDA	-6 PM 1:52
	ument/registration no 0045768	umber of the	is limited liability com	pany is:	
4. I,	Cohen Jame of Person Resigning	g)	_, hereby resign as a	MGRM (Print Title)	
of this limited lial resignation in wr		ıffirm the li	mited liability compan	y has been notifie	d of my
- And	Cole	<u> </u>			
Signature of Resi	gning Member, Mar	naging Men	nber or Manager		
_	\$25.00 (Required	•			
Certified Copy:	\$30.00 (Ontional	1.3			