L080004384

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SECRETARY OF STATE
ALL'AHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: COMPOSITE INVESTM	MENT GROUP, LLC ted Liability Company)
·	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Richard L. Hill	•
(Contact Person)	
(Firm/Company)	.
9111 Southmont Cove #404	
(Address)	
Fort Myers, FL 33908	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Richard L. Hill	at (239) 481-6446 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$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
Tallahassee, Florida 32301	•

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 limited liability company as it a of State is: COMPOSITE INVESTMEN	appears on the records of the Florida Department NT GROUP, LLC
2. This limited liability company was organized un Florida	nder the laws of:
3. The Florida document/registration number of th L08000046384	is limited liability company is:
	MODM
_{4. I.} Richard L. Hill	hereby resign as a MOKM
4. I, Richard L. Hill (Print Name of Person Resigning)	_, hereby resign as a MGRM (Print Title)
/ 	(Print Title)
(Print Name of Person Resigning) of this limited liability company and affirm the li	(Print Title)
(Print Name of Person Resigning) of this limited liability company and affirm the li	mited liability company has been notified of my

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)