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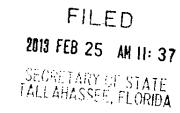
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 3570265 (Name of Limited Liab	ility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
5-elher MATZO	it, 850
MATZUK LAW Sin, (Firm/Company)	^
(Firm/Company)	/
1211 an Auge Ave, ST	
W, NTER PARK FC (City/State and Zip Code)	3278 <b>9</b>
For further information concerning this matter, pleas	se call:
Stephen MATzuk at (Mame of Contact Person) (Are	Fo 7 SSF - 383 Sea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida 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 P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
2001 Executive Contor Chele	i diidiidooo, i lollaa 52517

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 company as	it appears on the records of	of the Florida Department
of State is:	3 STORE	5, LCC	_
<u></u>	, <u>, , , , , , , , , , , , , , , , , , </u>	/	
	ility company was organized	under the laws of:	
FC	ORIDA	<del>.</del>	
	ment/registration number of 0000 46 3		oany is:
	H. CAI  ame of Person Resigning)	, hereby resign as a _	MGR (Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liability company	y has been notified of my
	nd Afri		
Signature of Resi	gning Wember, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		