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Consideration to Filling Officer				
Special Instructions to Filing Officer:				

Office Use Only



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EXAMINER

COVER LETTER

Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Quantum 6 (Name of Limited Lie	caphics ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Andrew John Krisha (Contact Person)	xK
Quantum Graphics, L	<u>LC</u>
2325 S.E. Federal Hu	LECRETARS LLAHASS
Stuart FL 34994 (City/State and Zip Code)	SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SEC. FLORIS
For further information concerning this matter, ple	ase call:
Donna Krisha/2 at ((Name of Contact Person) (A	772) 324- 1992 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the light \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		as it appears on the records on Graphics	
2. This limited liabi	lity company was organiz	ed under the laws of:	
	ment/registration number	of this limited liability comp	any is:
4. I. DONN	a M. KriSho ame of Person Resigning)	hereby resign as a _	MGRM (Print Title)
	ility company and affirm	the limited liability company	
Donna 1	M Kupha	R	
Signature of Resig	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2009 SEC TALL

CR2E079 (5/06)

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