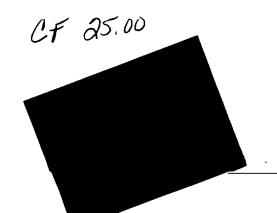
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL -9 2009

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: FLORIDA DATABASE TECHNOLOGIES, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: PATRICK E. WREN (Contact Person) FLORIDA DATABASE TECHNOLOGIES, LLC (Firm/Company) 463 YONGE ST. (Address) ORMOMD BEACH, FL 32174 (City/State and Zip Code) For further information concerning this matter, please call: at (386) 527-3062 (Area Code & Daytime Telephone Number) PATRICK E. WREN (Name of Contact Person) 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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)



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 ORIDA DATABAS		
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L080000	ument/registration number of 53205	this limited liability compar	ny is:
4. 1, TRACEY	E. WREN	, hereby resign as a M	IANAGER (Print Title)
of this limited lia resignation in wr	bility company and affirm the	e limited liability company h	nas been notified of my
- Ware	Ellren		
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		INC 60

SECRETARY OF STATE DIVISION OF CORPORATIONS