## L08000056596

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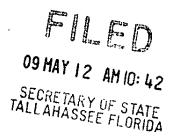
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cyber-Vault. 1 (Name of Limited Liab	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
BRIAN Bangle	<del></del>
Direct Wireless Enterp	RISE, IAC.
130 Keyes Court	
Sanford, FL. 32773 (City/State and Zip Code)	3
For further information concerning this matter, plea	ase call:
Beian Bangle at (Ar	407 948-7845 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 to of State is:	the limited liability company as it a Cyber-Vault	ppears on the records of the Florida Department
	iability company was organized un	der the laws of:
_	ocument/registration number of thi	s limited liability company is:
4.1, <u>Beio</u>	2N Bangle n Name of Person (Signing)	, hereby resign as a <b>MANAGER</b> (Principle)
	liability company and affirm the li-	mited liability company has been notified of my
Signature of R	Lesigning Member, Hanaging Mem	ber or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)