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S. HAWKES

MAR 1 0 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Stonehenge Carity (Name of Limited Lia)	a) Management CCC
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Korth SAZER (Contact Person)	
(Firm/Company)	
401 E. 34 St Apt N. 16J	
New York NY 10010 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (A)	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Slorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited	liability company as it as	ppears on the records of the Florida Department
of State is: Show	rehonge (apita	1 Management
2. This limited liability com	npany was organized und	der the laws of:
- Floring		<u>.</u> -
	egistration number of this 6653	s limited liability company is:
4. I, Kerly S (Print Name of Pe	ATER erson Resigning)	, hereby resign as a <u>MUNUADS</u> / PAGINE (Print Title)
of this limited liability corresignation in writing.	mpany and affirm the lin	nited liability company has been notified of my
West A		
Signature of Resigning IV	lember, Managing Mem	ber or Manager
	00 (Required) 00 (Optional)	