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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

S. HAWKES

APR 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Can Solution (Name of Limited)	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Charles Kaplan (Contact Person)	
C8 N Solutions, LLC (Firm/Company)	
235 Leafwing Court (Address)	·
Alphanetta, GA 30005 (City/State and Zip Code)	· ·
For further information concerning this matter,	please call:
Charles Kaplaw (Name of Contact Person)	at (678) 859-56/7 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	the Florida 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
Tallahassee, Florida 32301	i uniminuovo, 1 ionium J2J17

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	nited liability company as it appears on the records of the Florida Department 8 N Solutions, LhC.
2. This limited liabilit	cy company was organized under the laws of:
	ent/registration number of this limited liability company is:
of this limited liabil resignation in writin	Bledsoe, SR, hereby resign as a Managing Meinber (Print Title) ity company and affirm the limited liability company has been notified of my ng. ing Member, Managing Member or Manager
Filing Fee: Certified Copy:	