## L08000110666

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(During Fulfill Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ining Officer.		

Office Use Only



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T. HAMPTON

APR 1 2 2010

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Spookysoft LLC	
(Name of Limited I	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	matter to:
Dana Stark	
(Contact Person)	
Spookysoft LLC	
(Firm/Company)	
8246 Eagles Park Drive North	
(Address)	<del> </del>
Saint Petersburg, Florida 33709	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	please call:
Dana Stark at	, 727 <sub>)</sub> 548-6713
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 the limited liability company of State is: Spookysoft LLC	y as it appears on the records of the Florida Department
2. This limited liability company was organ Florida	ized under the laws of:
3. The Florida document/registration number L08000110666	er of this limited liability company is:
4. I, Jennifer Stark (Print Name of Person Resigning)	, hereby resign as a Managing Member (Print Title)
of this limited liability company and affirm resignation in writing.	m the limited liability company has been notified of my
Signature of Resigning Member, Managin	ng Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	10 AF

CR2E079 (5/06)

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