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(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Au	aress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Name	e)		
(CO	cument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
AND A MASSEE, FLORIDA

D. BRUCE

MAR 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Outpoker flague LLC Name of Limited Liability Company	
The enclosed member, managing filing.	member or manager resignation and fee(s) are submitted for	
Please return all correspondence of	concerning this matter to:	
Swoon (Contact Perso	m) .	
(Firm/Compan	TALLE SECTION AND ALLES	
825 Jolanda (Address)	C. R-7 PM	• •
Venice Fl (City/State and Zip	34285 RDA	
For further information concerning	g this matter, please call:	
Sharon K (Name of Contact Person	at (941) 488 - 2575 (Area Code & Daytime Telephone Number)	
Enclosed please find a check mad \$25 Filing Fee	e payable to 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

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	it appears on the records of the league. LLC	e Florida Department
	oility company was organized		
	ument/registration number o	f this limited liability company	is:
	bility company and affirm th	, hereby resign as a	
Signature of Res	igning Member, Managing M	Леmber or Manager	
	\$25.00 (Required) \$30.00 (Optional)		AALEG 1

CR2E079 (5/06)