## 10900002690

| (Requ                       | iestor's Name)  |             |
|-----------------------------|-----------------|-------------|
| (Addr                       | ess)            | <del></del> |
| (Addr                       | ess)            |             |
| (City/s                     | State/Zip/Phone | e #)        |
| PICK-UP                     | . WAIT          | MAIL        |
| (Busir                      | ness Entity Nan | ne)         |
| (Docu                       | ment Number)    |             |
| Certified Copies            | Certificates    | of Status   |
| Special Instructions to Fil | ing Officer:    |             |
|                             |                 |             |
|                             | ,               |             |
|                             |                 |             |
|                             |                 |             |

Office Use Only



700187729087

11/29/10--01010--017 \*\*25.00

2010 NOV 29 PM 1: 34

J. SAULSBERRY EXAMINER NOV 3 0 2010

## **COVER LETTER**

| TO: Registration Section Division of Corporations              |   |   |                |          |
|--|---|---|----------------|----------|
| SUBJECT: Xerayusa, Llc   |   |   |                |          |
| (Name of Limite  | d Liability C                           | ompany)   |                |          |
| The enclosed member, managing member or m filing.              | nanager res                             | ignation and fee(s) are submi                                   | tted for       |          |
| Please return all correspondence concerning th                 | is matter to                            | <b>)</b> :  |                |          |
| Clarinda Deane   |   |   | 4              |          |
| (Contact Person)   |   | <del>-</del>  | T (2)          |          |
|  |   | Ë A   |                | 4.       |
| Xerayusa Lic   |   | HA  | VO V           | •        |
| (Firm/Company)   |   | <del></del>   | 2010 NOV 29    |          |
|  |   | بن  | Q -p           | 'n       |
| 1650 Stone Ridge Terrace                                       |   | <u> </u>  | <u>س</u> کھ    | -        |
| (Address)  | * |   | 9 PM 1:34      | eg. 911. |
|  |   | (F)   | -              |          |
| Sarasota, Fl 34232   |   |   |                |          |
| (City/State and Zip Code)                                      |   | <del></del>   |                |          |
| For further information concerning this matter,                | , please cal                            | <b>i</b> :  |                |          |
| Clarinda Deane   | <sub>tt</sub> 941                       | , 894-0414  |                |          |
| (Name of Contact Person)                                       | (Area Coo                               | le & Daytime Telephone Numbe                                    | <del>(T)</del> |          |
| Enclosed please find a check made payable to a \$25 Filing Fee | the Florida                             | Department of State for:<br>\$55 Filing Fee &<br>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 32301        |   | Tallahassee, Florida 32314                                      | ,              |          |

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 of State is: Xera        |                                     | it appears on the records of the F | lorida Depart                          | ment  |
|---|-------------------------------------|------------------------------------|--|-------|
| 2. This limited liabi<br>State Of Flo       | lity company was organized<br>orida | under the laws of:                 | 2010 NOV 29<br>SECRETARY<br>FALLAHASSE | 7     |
| 3. The Florida docu<br>L09000002            | _                                   | this limited liability company is: | F. P.                                  |       |
| 4. I, Geoffrey R                            | Kemper                              | , hereby resign as a Mana          | gei                                    | ····· |
| of this limited liab<br>resignation in writ | ting.<br>My                         | e limited liability company has be | Print Title)<br>een notified o         | fmy   |
| Signature of Resig                          | gning Member, Managing M            | lember or Manager                  |  |       |
| Filing Fee:                                 | \$25.00 (Required)                  |                                    |  |       |
| Certified Copy:                             | \$30.00 (Optional)                  |                                    |  |       |

, .. h