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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JAN 19 2010 EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|---|-------|
| SUBJ | ECT: HATLEY CONSULTING LLC (Name of Limited Liability) | Company) | - |
| | (Name of Limited Liability) | Company) | |
| The e | nclosed member, managing member or manager re | signation and fee(s) are submitted | l for |
| Please | e return all correspondence concerning this matter | to: | |
| RAL | PH EDWARD HATLEY | | |
| | (Contact Person) | | |
| | (Firm/Company) | | |
| РО | BOX 730156 | <u> </u> | 2010 |
| | (Address) | | |
| ORM | MOND BEACH, FL 32173 | การ เกรี เกร | 3 5 |
| | (City/State and Zip Code) | | |
| For fu | rther information concerning this matter, please ca | dl: | |
| RAL | PH EDWARD HATLEY at 386 | | |
| | (Name of Contact Person) (Area Co | ode & Daytime Telephone Number) | |
| Enclo | sed please find a check made payable to the Florid \$25 Filing Fee | a Department of State for: \$55 Filing Fee & Certified Copy | |
| | EET/COURIER ADDRESS: | MAILING ADDRESS: | |
| | tration Section | Registration Section | |
| | on of Corporations | Division of Corporations | |
| | n Building | P.O. Box 6327 | |
| | Executive Center Circle passee, 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

| | limited liability company as it TLEY CONSULTING L | | ne Florida Department |
|--|---|------------------------------|-----------------------|
| 2. This limited liab | ility company was organized un | nder the laws of: | |
| 3. The Florida doci | ument/registration number of th | is limited liability company | 2010 JAN 15 |
| 4. I, RALPH E | DWARD HATLEY | , hereby resign as a MG | 1-1-1 |
| (Print N | lame of Person Resigning) | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the li | mited liability company ha | s been notified of my |
| Talph 1 | Toward Jobby | | |
| Signature of Resi | gning Member, Managing Men | nber or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |