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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: // OMelife Fore (Name of Limited Liab	ility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
Hamelite Troperties La	S.C.
HSB Vestavia Cin	
Melboume Pr. 3294 (City/State and Zip Code)	<u></u>
For further information concerning this matter, please at (Name of Contact Person) at (Area)	se call: 321 JA - 0392 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, Garthold, Halfold Mith., hereby resign as a May 1997 Member (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my
Signature of Resigning Member, Managing Member or Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)