

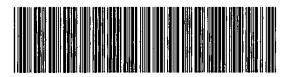
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SECRETARY OF STATION

COVER LETTER

SUBJECT: To Tal Care Gold Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Darwin Sources Jr (Contact Person) To tal Care Care y Oulando (Firm/Company) 649 Feele St (Address) Or Contact Person) For further information concerning this matter, please call: Darwin Source Jr (Name of Contact Person) at (321) 805-9000 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$255 Filing Fee \$\$555 Filing Fee \$\$555 Filing Fee &\$\$555 Filing Fee \$\$\$550 Filing Fee \$\$555 Filing Fee \$
For further information concerning this matter, please call: DAWIN Source St (City/State and Zip Code) For further information concerning this matter, please call: DAWIN Source St (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\int \frac{1}{2} \frac{1}
DARWIN Socres JR (Contact Person) To tal CAR CARE y Orlando (Firm/Company) 640 Frence St (Address) Orlando (City/State and Zip Code) For further information concerning this matter, please call: DAWIN Socres JR (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee
To tal Can Cane y Oelando (Firm/Company) 640 Frene St (Address) OR Cano R 32808 (City/State and Zip Code) For further information concerning this matter, please call: DAWIN Source Jr at (321) 805-9000 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filling Fee \$55 Filling Fee &
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\$25 Filing Fee \$\ \$55 Filing Fee &
Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 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

1. The name of the limited liability company as of State is: To Tal Car C	• •	•
2. This limited liability company was organized FLORIDA	under the laws of:	
3. The Florida document/registration number of \$\(\begin{align*} \ldot 09000023606 \]		any is:
4. I, Tiago MAR quez (Prini Name of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company	has been notified of my
Tings Could My	-,	
Signature of Resigning Member, Managing Me	ember or Manager	

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

TO APR 25 BK D. 15

CR2E079 (5/06)

Filing Fee: Certified Copy: