109000037636

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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09 JUN - 8 AM II: 53
SECRETARY OF STATE
ALLAHASSEF, FI ORIO

D. BRUCE

JUN 0 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CAble MARKeting (Name of Limited Lia	GROUP LLC bility Company)		
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted	for	
Please return all correspondence concerning this ma	atter to:		
Robert Pederse~ (Contact Person)			
CAble Marketing Grang (Firm/Company)	2 LLC	09	
4110 Glen Abbott Way =	H 201 AHASSEE	09 JUN -8 AM II: 53	
Raleigh NC 276(3) (City/State and Zip Code)	OF STATI	AM 1: 5:	-
For further information concerning this matter, plea	ase call:	ω	
Robert Pedersen at ((Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
2001 Executive Center Circle	Tallallassee, Piolitia 32317		

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

1. The name of the limited liability company as it ap of State is: CAble Marketin	
2. This limited liability company was organized und	er the laws of:
3. The Florida document/registration number of this \(\text{L 090000 37636} \)	limited liability company is:
4. I, JAMES Joseph Beterson DR (Print Name of Person Resigning)	, hereby resign as a MGRAGE TO Print Title TO TO THE TOTAL TO THE TITLE TO THE TITL
of this limited liability company and affirm the line resignation in writing.	itted hability company has been notifized of the
Signature of Resigning Member, Managing Memb	per or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	