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Certified Copies	Cortificator	e of Statue
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Special Instructions to	Filing Officer:	
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2009 AUG 31 PH 12: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIBA

M. THOMAS

SEP-1 2009

EXAMINER

CHAPMAN, CHAPMAN & CHAPMAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 1920 GOLF STREET SARASOTA, FLORIDA 34236-6997

Kenneth D. Chapman Kenneth D. Chapman, Jr. Forrest Chapman (1891-1967) Telephone 366-1600 Telefax 366-1601 Area Code (941)

August 26, 2009

Registration Section **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Re: Concentric Clothing Concepts, LLC

nom It May Concern:

Enclosed please find Resignation of Member and Manager for the above limited hability ny, together with our check in the sum of \$25.00 for filing fee. Please file same. company, together with our check in the sum of \$25.00 for filing fee. Please file same.

Thank you.

Very-truly yours,

PMAN & CHAPMAN, P.A.

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (5/06)

SUBJECT: CONCENTRIC CLOTHING CONCEPTS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

filing.	_
Please return all correspondence concerning this matter to	FILED PHIZ: 34 2009 AUG 31 PHIZ: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Kenneth D. Chapman, Jr.	ETA G3
(Contact Person)	SSE P
Chapman, Chapman & Chapman, P.A.	DE STA
(Firm/Company)	RIOR
1920 Golf Street	,
(Address)	
Sarasota, FL 34236	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
Kenneth D. Chapman, Jr. at 941	366-1600
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & 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 32314
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 line of State is: COI	imited liability company as it ap	ppears on the record	s of the Florid		nt
2. This limited liabil State of Flor	ity company was organized und rida	ler the laws of:	LLAHROUS	OFFCRETARY OF	FILED
3. The Florida docur <u>L090004</u>	ment/registration number of this	limited liability cor	mpany is:	2: 34 STATEA	
of this limited liabi	me of Person Resigning) Lity company and affirm the lin		(Print	Title)	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)