. (Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					
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Office Use Only



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J. SAULSBERRY **EXAMINER** 

JAN 4 2011



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company		cords of the Florid	a Department
2. This limited liabi	ility company was organiz	zed under the laws of:		
	ment/registration number 470 33		y company is:	
4. I, Dauglas	T CAho ame of Person Resigning)	, hereby resign	as a Mawagine	Monber Title)
of this limited liab resignation in wri	oility company and affirm ting.	the limited liability co	mpany has been n	otified of my
Signature of Resig	gning Member, Managing	Member or Manager	MUZ	2011
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HASSEE, FLORI	JAN-3 AMIL:

CR2E079 (5/06)