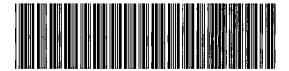
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(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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D. BRUCE

JUN 13 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appe		da Department
	y company was organized under		TI JUN 10
L0900	ent/registration number of this line 00080436.		型 9: 16 SEE. FLORID
4. I, Ro Ben (Print Nam	Tw·BRACH, h	nereby resign as a <u>C.F.O</u> (Print	Tille)
of this limited liabilities	ity company and affirm the limite	ed liability company has been n	otified of my
Pohtm	· bol		
Signature of Resign	ing Member, Managing Member	or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)