109000084197

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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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COVER LETTER

SUBJECT: EXCORP ENTERPRISES LLC	
(Name of Limited Liability C	'ompany)
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Timothy J. Ornell	<u></u>
(Contact Person)	
EXCORP Enterprises LLC (Firm/Company)	
3540 Highland Glen Way W	
(Address)	
Jacksonville, FL 32224	
(City/State and Zip Code)	_
For further information concerning this matter, please cal	1:
Timothy J Ornell at (321	274-2696
(Name of Contact Person) (Area Coo	de & 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

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section
Division of Corporations





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 a of State is: EXCORP ENTERPRISES	· ·
This limited liability company was organized un Florida	der the laws of:
3. The Florida document/registration number of thi L09000084197	s limited liability company is:
4. I, Timothy J. Ornell (Print Name of Person Resigning)	_, hereby resign as a Managing Member
of this limited liability company and affirm the linguistic resignation in writing.	mited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)