109000089216

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE

SECRET

M. THOMAS

JAN - 5 2010

EXAMINE.R

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Identity Sports Entertainm	nent Foundations, LLC
The enclosed member, managing member or ma	nager resignation and fee(s) are submitted for
filing.	
Please return all correspondence concerning this	matter to:
David Levinson	
(Contact Person)	
Identity Sports Entertainment Found	dations, LLC
(Firm/Company)	
4141 NE 2nd Ave, Ste 203-D	dations, LLC TALLAHASSEE, FLORID
(Address)	Fig. 3
Miami, FL 33137	TO STATE IN THE
(City/State and Zip Code)	750
For further information concerning this matter, p	please call:
David Levinson at	<u>305</u> <u>571-8516</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	\$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 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it approached of State is: Identity Sports Entertainment	t Foundations, LLC
2. This limited liability company was organized unde	r the laws of:
3. The Florida document/registration number of this l L09000089216	imited liability company is:
4. I, Gregg Darbyshire (Print Name of Person Resigning) of this limited liability company and affirm the limi	hereby resign as a Managing Member (Print Title) (Print Title) (Print Title)
resignation in writing.	
Signature of Resigning Member, Managing Member	r or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	