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TALL AHASSEF, FINDING

J. BRYAN

FEB - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 06 18, LL C (Name of Limited Liabil)	lity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Clenn Wessel	10 F
(Contact Person)	ARETE STATE
DG 18, LLC (Firm/Company)	FEB-1 PM 3: 23 CRETARY OF STATI CAHASSEE, FLORII
(Firm/Company)	FLOOR L
900 Glades Road St.	4 Z
(Address)	
Roce Rator, FC 334.	3/
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Christophen Richardson	· · · · ?51_ 8879
(Name of Contact Person) at (50) (Area (Area)	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florage \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, 1 lolida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap	pears on the records	of the Florida De	epartment
	ty company was organized und	er the laws of:	SECRETARY ALL AHASSE	1-830 FILE
3. The Florida docum	nent/registration number of this	limited liability com	pany is:	ED PH 3: 23
4. I, HOWARD	e of Person Resigning)	, hereby resign as a _	MANAC+ VO	2 MEMBEN
	ity company and affirm the lim			
Howard	Bloom ing Member, Managing Memb			
Signature of Resign	ing Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			