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(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phon	ne #)
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T. HAMPTON

NOV 2 5 2009

EXAMINER

COVER LETTER

TÓ:	Registration Section Division of Corporations	
SUBJI	ECT: F2 NOTE CARDS LE	L C
	(Name of Limited Liability Col	mpany)
The enfiling.	closed member, managing member or manager resignates	gnation and fee(s) are submitted for
Please	return all correspondence concerning this matter to:	
	ROBERT FELLOUS (Contact Person)	_
	(Contact Person)	
F	2 NOTECARDS LLC (Firm/Company)	
73. s/b _a	(Firm/Company)	
Po	10000000000000000000000000000000000000	_
	City/State and Zip Code)	्रे क्षांसम्बद्धारकः । इत्यक्तः (८ इत्यु
5 A1	RASOTA, FL. 34276	in 1920 - Arthur Millian -
	(City/State and Zip Code)	
	ther information concerning this matter, please call:	
FLO	(Name of Contact Person) at (941)	922-2432
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclos	ed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
F-4 & - 1 - 1 - 1	assee, Florida 32301	i ananassee, i iuilua 32314
CR2E079	9 (5/06)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as in		ords of the Florida	i Depart	iment
2. This limited liab	oility company was organized to 2 1 D A	under the laws of:			
	ument/registration number of t		company is:		
ſ	G. CHANDLER Hame of Person Resigning)				
of this limited lia resignation in wr	bility company and affirm the riting.	.l .	npany has been no $15,2009$		fmy
Signature of Res	igning Member, Managing Me	mber or Manager			
P	\$25.00 (Required) \$30.00 (Optional)			09 NOV 24	SECRETAR DIVISION OF
CR2E079 (5/06)				3	Y OF STA