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## **COVER LETTER**

Division of Corporations	
SUBJECT: Supporting The Spectrum (Name of Limited Liab	ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
John Kabot (Contact Person)	
Supporting The Spectrum (Firm/Company)	
9200 NW 14th Court (Address)	
Plantation FL 33322 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Melissa DeVincentis/John at ( ) (Name of Contact Person) Kabot (Arc	ta Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building	r.O. Dox 034/

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



## 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 l	imited liability company	u oo it one	ears on the race	rda af tha	Elorido	Done	wt in an t
	upporting Th					-	
of state is: _ ¿ )	opporting in	ک س	20011 CIT				•
2. This limited liabil	ity company was organi	ized unde	r the laws of:				
3. The Florida documents of the Florida docume	ment/registration numbe	er of this	imited liability o	company i	s:		
•	DeVincentis me of Person Resigning) ility company and affirm				(	,	<u>mber</u>
resignation in writ			ica naomity com	puny nas	occii no	inica	Ormy
Signature of Resig	ning Member, Managin		er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					ಪ	
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