L10000010562

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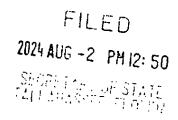
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COVER LETTER

TO: Registration Section Division of Corporations		
LOUISE DARNELL LLC SUBJECT:		
	of Limited Liability Co	ompany)
The enclosed member, resignation or d	lissociation and fee	(s) are submitted for filing.
Please return all correspondence conce	rning this matter to	:
Ethan Darnell		
(Contact Person)		_
		_
(Firm/Company)		
2151 Windham Dr.		
(Address)		_
Molino FL. 32577		
(City/State and Zip Code))	_
For further information concerning this	s matter, please call	:
Louise Darnell	404 at (563-9971
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made pay ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassos, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department USE DARNELL LLC
2. The Florida doc 1.10000010562	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
Louise Darnell	horaby withdraw/rasian as a
(Print)	, hereby withdraw/resign as a Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Louise	m-Gaire
Signature of D	Dissociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)