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T. CLINE

JAN - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: INTERAC	CTIVE INFORMA (Name of Limited		ETWORKS, LLC		
The enclosed member, ma filing.	naging member or ma	anager resign	ation and fee(s) are subn	nitted fo	or
Please return all correspor	idence concerning this	s matter to:			
DANIEL P. NEELO	N				
(Con	tact Person)				
ATTORNEY AT LA	W/DENNERP	ELLEGR	NO, LLC	Tr. CO	2[
(1.1111	vCompany)			É	
325 ROUTE 149				盖	=
	ddress)			が設し	1
				in car	7
MARSTONS MILLS	S, MA 02648			All most	قاب
(City/Sta	ite and Zip Code)			185 (7)	2
For further information co	ncerning this matter,	please call:		Par-	1 ~
DANIEL P. NEELO	N at	508	648-9164	<u>.</u>	
(Name of Contac	t Person)	(Area Code &	& Daytime Telephone Num	iber)	
Enclosed please find a che			epartment of State for: 55 Filing Fee & Certified Copy		
STREET/COURIER AD	DRESS:]	MAILING ADDRESS:		
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building	,		P.O. Box 6327	1.4	
2661 Executive Center Ci Tallahassee, Florida 3230			Fallahassee, Florida 323	14	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap ERACTIVE INFORMAT			Depa	rtment 	
2. This limited liabil STATE OF	lity company was organized und FLORIDA	der the laws of:); 	100 100 100 100	2011 J	*gr#q
	ment/registration number of this	limited liability cor	mpany is:		JAN-4 PH	# (Br)
4. I, LINDA GEO		, hereby resign as a	MANAGÉ			**
of this limited liabing resignation in write	<i>me of Person Resigning)</i> ility company and affirm the lin	nited liability compa	(Print Tit	lle)		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					