

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docui	ment Number	)
Certified Copies	Certificate	s of Status
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE F STATE

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section		
Division of Corporations		
SUBJECT: A Jewel of Wisdom		
(Name of Limite	ed Liability C	ompany)
The enclosed member, managing member or n filing.	nanager res	ignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to	o:
Travers Johnson		
(Contact Person)		_
A Jewel of Wisdom		
(Firm/Company)		
95 Skyline Blvd.		
(Address)		_
Merritt Island, FL 32953		
(City/State and Zip Code)		<del></del>
For further information concerning this matter	, please cal	1:
Travers Johnson	at (_321	266-1972
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida	Department of State for:
\$25 Filing Fee		\$55 Filing Fee &
	<u></u>	Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	s it appears on the records of th	ne Florida Department
2. This limited liab Florida	ility company was organize	d under the laws of:	
3. The Florida docu	ument/registration number o	of this limited liability company	y is:
27-1831768	<del></del>	·	
·	pility company and affirm the	, hereby resign as a	•
Tarasi	Johnson		
Signature of Resi	gning Member, Managing N	Member or Manager	Ā.s
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 11 SEP -9 PN ED ECKE TARY OF STA