L10000018974

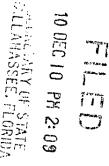
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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D. BRUCE
DEC 1 3 2010
EXAMINER



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 a		
2. This limited liab	oility company was organize	ed under the laws of:	
3. The Florida doc <u>L100000</u>	rument/registration number o	of this limited liability con	npany is:
4. I. MICHAEL McRANEY		herehy resign as a	MANAGING MEMBER
	Name of Person Resigning)	,, 1001811 as a	(Print Title)
of this limited lia resignation in w	ability company and affirm triting.	he limited liability compa	ny has been notified of my
× M			
Signature of Res	igning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TO DEC 10 PM 2: