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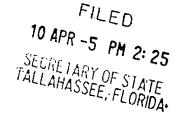
## **COVER LETTER**

Division of Corporations	
SUBJECT: EVEC Gracie Ho (Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Susan Mendez (Contact Person)	<del></del>
Green Gracie Hone (Firm/Company)	
919 NW 123rd Dr (Address)	
Coral Springs FL 33071 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
Susan Mendez at (030 (Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 of State is:	limited liability company as i	t appears on the records of the Florida Department Hone LLC
	ility company was organized to	
	ument/registration number of	his limited liability company is:
4. I, Bever (Print N	y Pennington Jame of Person Resigning)	, hereby resign as a <u>managing member</u> (Prime Title)
of this limited lial resignation in wr		limited liability company has been notified of my
	gning Member, Managing Me	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	