## L10000024413

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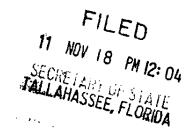
SECRETARY OF STATE
ANALYSEF FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Franklin-Adams Part	
(Name of I	Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
Thomas Luzier, Esq.	•
(Contact Person)	
Dunlap & Moran, P.A.	
(Firm/Company)	
22 S. Links Avenue, Suite 300	
(Address)	
Sarasota, FL 34236	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Thomas Luzier	at ( 941 ) 366-0115
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
<b>√</b> \$25 Filing Fee	\$55 Filing Fee &
<del>-</del>	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 32314
Tallahassee, Florida 32301	·

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 nklin-Adams Partners		s of the Florida Department
2. This limited liab	ility company was organized u	nder the laws of:	
3. The Florida doc <u>L10000026</u>	ument/registration number of t 6413	his limited liability con	npany is:
4. I, DSA Ventures, Inc.		, hereby resign as a	Manager/Member
(Print Name of Person Resigning)		•	(Print Title)
of this limited lia resignation in wr	bility company and affirm the liting.	limited liability compa	ny has been notified of my
Signature of Res	gning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		