L10000034615

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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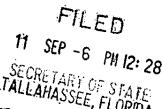
SECRETARY OF STATE

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Nexus Associates, LL	C		
SUBJECT:	(Name of Limited Liability Company)			
The enclose filing.	d member, managing member o	or manager resignation and fee(s) are submitted for		
Please return	n all correspondence concerning	g this matter to:		
Meredith	Akouka	•		
	(Contact Person)			
		·		
	(Firm/Company)			
9150 CR	. 630 East			
	(Address)			
Frostpro	of, FL 33843			
	(City/State and Zip Code)			
For further i	nformation concerning this ma	tter, please call:		
Meredith	Akouka	at (863) 692-0690		
(1)	Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple	ea <u>se f</u> ind a check made payable	to the Florida Department of State for:		
	\$25 Filing Fee	\$55 Filing Fee &		
3.	\$25 Filing Fee SOURIER ADDRESS:	Certified Copy		
	= :			
Registration		Registration Section		
	Corporations	Division of Corporations		
Clifton Buil	•	P.O. Box 6327		
	tive Center Circle	Tallahassee, Florida 32314		
i allahassee,	, 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

	ne limited liability company as exus Associates, LLC	it appears on the records of the	e Florida Department
2. This limited lia	ability company was organized	under the laws of:	
3. The Florida do L1000003	ocument/registration number of	this limited liability company	'is:
4. I, John M C	Garrity II Name of Person Resigning)	, hereby resign as a MG	(Print Title)
of this limited livesignation in v	iability company and affirm the	ti	,
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)