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SECRETARY OF STATES
TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER

APR 25 2012

COVER LETTER

Registration Section

TO:

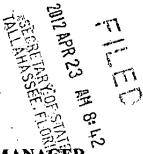
Division of Corporations	
SUBJECT: CREATIVE COWE	ER SYSTRMS billity Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
CLRISTOPHER A. GO.	<u>em A</u> N
CREATIVE POWE	<u>=R</u>
4320 NW 44	4 GOURT
Convolution (Address) (City/State and Zip Code)	FZ 33066 TALLAHASSE
For further information concerning this matter, please of Contact Person) (Name of Contact Person) (Archive)	
Enclosed please find a check made payable to the Fl \$25 Filing Fee	lorida 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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of: FLORIDA LIMITED LIABILITY COMPANY
3. The Florida document/registration number of this limited liability company is: LIDOODE 9 5 0 4 4. I, RISTOPHER A GORMAN, hereby resign as a WARGER MEMBER (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)