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SEURETARY OF STATE
ALLAHASSEE, FI ORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BRINBERT, LLC (Name of Li	imited Liability Company)	
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for	
Please return all correspondence concernin	ng this matter to:	
John Brinckerhoff		
(Contact Person)		
(Firm/Company)	ALC T	.
7004 Lake Eaglebrook Drive	LLAHASSE	<u> </u>
(Address)	(*)	
Lakeland FL 33813	OF STA	: [T
(City/State and Zip Code)	ORIE	:
For further information concerning this ma	atter, please call:	
John Brinckerhoff	at (863) 248-1686	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable Y \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)



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 as it appears of INBERT, LLC	n the records of the Florida Department	Ĺ
2. This limited liab	oility company was organized under the la	aws of:	
3. The Florida doc <u>L1000005</u>	ument/registration number of this limited	liability company is:	
4. I, John Brincker	noff as President of Brinmont, Inc. , hereby	resign as a Manager	
	bility company and affirm the limited liab		
Signature of Res	Sandershoff igning Member, Managing Member or M	TALLAHASSET	SECTION ASSESSED.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		J