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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

1. The name of the of State is:					f the Florida	a Departmen	nt
2. This limited liab	ility compai	ny was organized		laws of:			
3. The Florida doc	_	ration number o		d liability compa	nny is:		
4. I, Eleo (Print N of this limited lial resignation in wr	bility compa						y
Signature of Resi			Member or I	 Manager		FO DEC 27	SECRETA
Certified Copy:	-	• ′				27 # 6:	BORP STEE