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SECRETARY OF STATE
AND ANIASSEE, FLORIDA

J. BRYAN

SEP - 9 2010

EXAMINER

COVER LETTER

Registration Section

Division of Corporations

TO:

CR2E079 (5/06)

TAB HOLDINGS LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **James Damon** (Contact Person) TAB HOLDINGS LLC (Firm/Company) 675 N. Endeavour Dr (Address) Winter Springs, FL 32708 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 234-8775 (Area Code & Daytime Telephone Number) James Damon (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **✓** \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32314 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 of State is:	limited liability company as TAB HOL	s it appears on the records of .DINGS LLC	the Florida Department
2. This limited liab	ility company was organized ORIDA		10 SEP -8 SECRETARY TALLAHASSE
	nment/registration number o	of this limited liability compa	AM 10: 54 FLORIDA
4. I,RAY	BARNES	, hereby resign as a	MGRM
(Print N	ame of Person Resigning) pility company and affirm th	ne limited liability company	(Print Title)
Signature of Resi	Downgning Member, Managing I	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		