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(Address)					
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(Business Entity Name)	·				
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Certified Copies Certificates of Status	·				
Special Instructions to Filing Officer:					
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EXAMINER



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SEURETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations	
SUBJ		JP, P.L.L.C. I Liability Company)
The er filing.		anager resignation and fee(s) are submitted for
Please	return all correspondence concerning thi	s matter to:
Alex	ander M. Matzinger	
	(Contact Person)	
	(Firm/Company)	
PO E	Box 13426	
	(Address)	
Tam	pa, Florida 33681	<u> </u>
	(City/State and Zip Code)	•
For fu	rther information concerning this matter,	please call:
Alex	ander M. Matzinger at	(_727) 4039455
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to the second	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
	ration Section	Registration Section
	on of Corporations	Division of Corporations
Clifton	Building	P.O. Box 6327
2661 E	Executive Center Circle	Tallahassee, Florida 32314
Tallah	assee, Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it E RUEHL LAW GROU		s of the Florida De	partm	ent
2. This limited liabi	llity company was organized u	inder the laws of:			
3. The Florida docu L10000074	ment/registration number of the 497	his limited liability cor	mpany is:		
4. I, ALEXAND	ER M. MATZINGER	, hereby resign as a	MGRM		
(Print No	ame of Person Resigning)		(Print Title)		_
resignation in wri			ny has been notifie	d of n	ıy
Signature of Resignature Filing Fee: Certified Copy:	gning Member, Managing Me \$25.00 (Required) \$30.00 (Optional)	mber or Manager	SECRETAI TALLAHAS	11 HOV 28	2 71 12 h13
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CR2E079 (5/06)