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	(Requestor's Name)	,
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~	(Address)	· · · · · · · · · · · · · · · · · · ·
•	(11441055)	
*	•	
	(Address)	
	•	
	(City/State/Zip/Phone	#)
. · 🔲 PICK-	UP 🔲 WAIT	MAIL
<u>.</u>		
	. •	*
	(Business Entity Nam	e)
	(7) Normalia	·
_ *	(Document Number)	
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Certified Copies	Certificates	of Status
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Special Instruction	ons to Filing Officer:	
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EXAMINER



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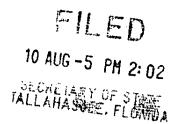
10 AUG-5 PH 2: 02

COVER LETTER

ر ٦	ΓO: Registration Section
	Division of Corporations
- 8	SUBJECT: Key Advertising LLC
	(Name of Limited Liability Company)
. Л	The enclosed member, managing member or manager resignation and fee(s) are submitted for
	filing.
F	Please return all correspondence concerning this matter to:
_	Adam J. Swilley (Contact Person)
ŀ	Key Advertising LLC
	(Firm/Company)
** *. •	0707 Libinaua Ctroot
_	3737 Hibiscus Street
	(Address)
5	Sarasota, FL 34232
_	(City/State and Zip Code)
_	
F	For further information concerning this matter, please call:
· . ·	
₹_	Adam J. Swilley at 941 993-3448
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
F	Enclosed please find a check made payable to the Florida Department of State for:
	\$25 Filing Fee \$55 Filing Fee &
	Certified Copy
S	STREET/COURIER ADDRESS: MAILING ADDRESS:
	Registration Section Registration Section
٠Į	Division of Corporations Division of Corporations
	Clifton Building P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32314
- "	Fallahassee Florida 32301

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 limited liability company as it a of State is: Key Advertising LLC	ippears on the reco	ords of the Florida Departmen
2. This limited liability company was organized un Florida Division of Corporations	der the laws of:	
	\$ 2*	
3. The Florida document/registration number of the L10000076349	is limited liability o	company is:
4. I. Claude Harvey Swilley	, hereby resign a	sa MGR
(Print Name of Person Resigning)		(Print Title)
of this limited liability company and affirm the li- resignation in writing.	mited liability com	ipany has been notified of my
Clarke Hawen Sen	O	
Signature of Resigning Member, Managing Mem	iber or Månager	•

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: