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SECRETARY OF STATE
TALLAHASSEE, FLORIE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Brie Growp wsa LLC (Name of Limited Liability Company)				
(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:				
Sleven m. Kleinberger				
(Contact Person)				
Snk Accounting Senices Inc. (Firm/Company)				
(Firm/Company)				
274 Wirshine Biro; Suite 221				
(Address)				
CAESerberne; Flexion 32707				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Steven m. Kleinberger 21 467 339-1220				
(Name of Contact Person) at (407) 339-1220  (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum{25}\$ \\$25 \text{ Filing Fee} \sum{555 \text{ Filing Fee & Certified Copy}}\$				
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, 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		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu	ument/registration number of	this limited liability com	ıpany is:
•	bility company and affirm the	, hereby resign as a _	
Signature of Bes	gring Member, Managing M	ember or Manager	II S TALLA
•	\$25.00 (Required) \$30.00 (Optional)		SEP 29   RETARY O AHASSEE.