410000118592

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 18 2012

EXAMINER

Office Use Only



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APLANASSEE, FLORIDA

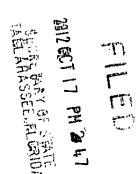
COVER LETTER

Division of Corporations	
SUBJECT: (Name of Limited Liability	Cause LLC Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
(Contact Person) Tost Cause LLC (Firm/Company)	2 2
Jacksonulle Fr 32218	
(City/State and Zip Code)	3
For further information concerning this matter, please ca	all:
(Name of Contact Person) at (900)	4) 318 - 43068 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	la Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations 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

				the Florida Department
of State is:	Just (Cause	LLC	•
	ility company was org		ne laws of:	
	ment/registration num		ited liability compar	ny is:
4. I, / a (Print No.	mmy Lef ame of Herson Resigning)	, he	reby resign as a	Manage (Print Title)
of this limited liab resignation in wri		irm the limited	liability company h	as been notified of my
Jamin	fills	Ju		
Signature of Resi	gning Member, Manag	ging Member o	r Manager	
	\$25.00 (Required) \$30.00 (Optional)			