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K. SALY EXAMINER JUN 2 2011

COVER LETTER

SUBJECT: Spears and Shield (Name of Limited Liability Comp	
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Mathalie Billon (Contact Person)	
Spears and Shield LLC. (Firm/Company)	
555 NE 15th St. # 200 (Address)	
Miami, FL 33132 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mathieu Rochette at (305) (Name of Contact Person) (Area Code &	343 - 1438 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$55	partment of State for: 5 Filing Fee & Certified Copy
Registration Section R Division of Corporations D Clifton Building P	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314

CR2E079 (5/06)



FILED 11 MAY 31 PM 1: 56 SEUNETARY OF STATE TALLAHASSEE, FLORIDA

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 appears on the records of the Florida Department
of State is:	Spears and Shield LLC.
	orida
	ument/registration number of this limited liability company is:
<u></u>	1000009109
4. 1, <u>Mat</u> (Print N	hieu Rochette , hereby resign as a <u>Secretary</u> Jame of Person Resigning) (Print Tine)
	bility company and affirm the limited liability company has been notified of my
X Signature of Res	igning Member, Managing Member or Manager
	\$25.00 (Required)
Certified Copy.	\$30.00 (Optional)