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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PROFESSIONAL GOLF FUNRAISIA (Name of Limited Liability Company)	<u>N6</u>
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted for
Please return all correspondence concerning this matter to:	
VALERIA OCHOA (Contact Person)	
(Firm/Company)	
1112 Weston Rd # 138 (Address)	
Weston FL 33331 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (934) 6617248 (Area Code & Daytime Telephone Num	nber)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum{25}\$ \text{Filing Fee} \text{S55}\$ \text{Filing Fee & Certified Copy}	
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

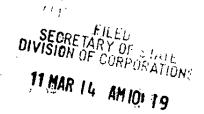
CR2E079 (5/06)

Clifton Building

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

1. The name of the of State is:	ROFESSIONAL GOLF FUNRAISIN	ment <b>(</b>
2. This limited liab	ility company was organized under the laws of:	
	ument/registration number of this limited liability company is:	
4. I, <b>VALE</b> (Print N	RIA OCHOA, hereby resign as a MGRM  [ame of Person Resigning] (Print Title)	
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of iting.	f my
WE	Water	
Signature of Resi	gning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)	