L'110000009937

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
FALLAHASSEE, FLORID



APR 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Extreme Adventures, LLC (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:	0.*
Michael McCool (Contact Person) Egg =	
Extreme Adventures LLC	THE I
232 Racetrack Rd	
Fort Walton Beach FL 325A7 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael McCool at (850) 974-2088 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

March 25, 2011

MICHAEL MCCOOL EXTREME ADVENTURES, LLC 232 RACETRACK RD FORT WALTON BEACH, FL 32547

SUBJECT: EXTREME ADVENTURES, LLC

Ref. Number: L11000009937



We have received your document for EXTREME ADVENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

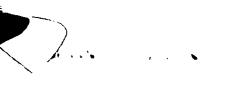
The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 111A00007266





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:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is: LIDOOO9937
4. I, X James E. Wel III, hereby resign as a Managing Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)