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SECRETARY OF STATE
ALLIAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SCUVITY FINA (Name of Limited)	ハーレーC I Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Alan Koi fman (Contact Person)	
(Firm/Company)	
5684 NW 119th N (Address)	iay
Coral Springs PL 3 (City/State and Zip Code)	33076
For further information concerning this matter,	please call:
Alan Koifman	t (
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida 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

1. The name of the of State is:		as it appears on the records	of the Florida Department
2. This limited liab	ility company was organiza	ed under the laws of:	
3. The Florida docu	ment/registration number	of this limited liability com	pany is:
4. I, Alan Print N	ame of Person Resigning)	, hereby resign as a _	Manager (Print Title)
of this limited lial resignation in wr		the limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		11 APR SECRET

CR2E079 (5/06)