## #11/00002/5/4

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Only/State/Ziph Hone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200194734852

03/03/11--01034--001 \*\*25.00



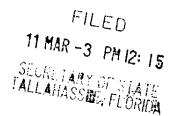
K. SALY EXAMINER MÁR 4 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Conversion June	
(Na	ame of Limited Liability Company)
The enclosed member, managing m filing.	ember or manager resignation and fee(s) are submitted for
Please return all correspondence co	ncerning this matter to:
Edward Carltong	
(Contact Person)	
EYC Consulting LLC	
(Firm/Company)	
7948 Baymeadows Way, S	Ste 300
(Address)	<del></del>
Jacksonville, FL 32256	
(City/State and Zip C	ode)
For further information concerning	this matter, please call:
Edward Carlton	<sub>at (</sub> 904 <sub>)</sub> _338-3487
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made   \$\sqrt{\sq}}}}}}}}}}} \signtimeset\signtifta}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \signtimeset\signtifta}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sintita}}}}}} \sqrt{\sqrt{\sintitta}}}}}} \sqrt{\sint{\sint	payable to the 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

	nited liability company as it a version Junction Media	•	of the Florida Department
2. This limited liability Florida	ty company was organized und	der the laws of: 	
3. The Florida docum L110000215	nent/registration number of this	s limited liability con 	npany is:
4. I, BRACE Hole	dings LLC ne of Person Resigning)	_, hereby resign as a	Manager/Member
	ity company and affirm the lir	nited liability compar	ny has been notified of my
Signature of Resign	ning Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)