L110000035424

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

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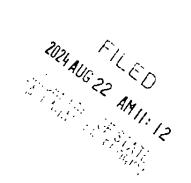
024 AUG 22 AH 11: 12

COVER LETTER

Division of Co			
THANAT SUBJECT:	OS, LLC		
	(Name of	Limited Liability Co.	трапу)
The enclosed member	, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all corres	spondence concern	ing this matter to:	
Lawrence D.W. Graves			
	(Contact Person)		_
Coolidge & Graves PLLC			
	(Firm/Company)		_
16 Church Street, Unit 1A			
	(Address)		-
Keene, New Hampshire	03431		
(Ci	ty/State and Zip Code)		_
For further information	n concerning this n	natter, please call:	
Lawrence D.W. Graves		603 at (357-5900)
(Name of Co	ontact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a	check made payab	ole to the Florida [Department of State for:
■ \$25 Filing Fee			g Fee & Certified Copy
Mailing Address:			Street Address:
Registration Se			Registration Section
Division of Co P.O. Box 6327			Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
1 411411400001 1 1			Tallahassee, FL 32303







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: THA	NATOS, LLC
2. The Florida doc L11000035424	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. John H. Patterso	n, Jr, hereby withdraw/resign as a same of Person Resigning)
Manager	
	(Print Title)
resignation in wr	
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)