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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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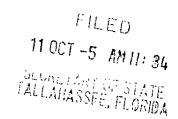
K. SALY EXAMINER OCT 6 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The General Advocate Gro	up, LLC
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
David Abrams	
(Contact Person)	
The General Advocate Group, LLC	
(Firm/Company)	
200 W. Palmetto park rd	
(Address)	 "
Boca Raton, FL 33432	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
David Abrams at	<u>561</u> 452-5995
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it e General Advocate Grou	appears on the records of the Florida Department IP, LLC
2. This limited lia	bility company was organized ur	nder the laws of:
3. The Florida doc L11000068	rument/registration number of th	is limited liability company is:
4. I, David Abra	ams Name of Person Resigning)	_, hereby resign as a Managing Member (Print Title)
	ability company and affirm the li	mited liability company has been notified of my
	2-19-8	
Signature of Res	igning Member, Managing Men	nber or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	