## LIIOCOCEFIOI

(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:					
L. SELLERS					
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EXAMINER					

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SECRETARY OF STATE

## **COVER LETTER**

TO:	_	ation Section n of Corporations		
SUBJ	ECT: F	RAD MOBILE DE		
		(Nam	e of Limited Liability Co	ompany)
The enfilling.		nember, managing me	mber or manager res	ignation and fee(s) are submitted for
Please	e return al	I correspondence con	cerning this matter to	):
Joe	M. Tes	ston CPA		
		(Contact Person)		
Gilm	nan Cio	cia		
		(Firm/Company)		
148	02 N. C	ale Mabry Hwy		<del></del>
		(Address)		
Tam	npa, FL	33618		
		(City/State and Zip Co	ie)	
For fu	urther info	ormation concerning th	nis matter, please cal	l:
Pau	l Weint	perger	at ( 813	, 264-2555
		ne of Contact Person)		le & Daytime Telephone Number)
Enclo	esed pleas	e find a check made p  \$25 Filing Fee	ayable to the Florida	Department of State for: ]\$55 Filing Fee & Certified Copy
Regis Divis Clifto 2661	tration Se ion of Co on Buildin Executive	rporations		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

	limited liability company as D MOBILE DETAILIN	• •	of the Florida Department		
2. This limited liab	ility company was organized	d under the laws of:			
3. The Florida doc L1100008	ument/registration number o	f this limited liability comp	pany is:		
4. I, Paul Wein	berger	, hereby resign as a	, hereby resign as a MGR (Print Title)		
	bility company and affirm th				
Signature of Res	igning Member, Managing N	Member or Manager			
_	\$25.00 (Required) \$30.00 (Optional)		TALSE		

CR2E079 (5/06)

FILED

11 NOV 17 PH 4: 4.8

SECRETARY OF STATE

TALLAHASSEE FINALE