(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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Office Use Only

G. MCLEOD

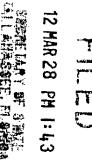
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EXAMINER



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COVER LETTER

for

Registration Section
Division of Corporations

TO:

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company					rtmen 	t
2. This limited liabi Florida	lity company was organiz	zed under the law	vs of:				
	ment/registration number		•		385D1	58	
	Choroom; me of Person Resigning) ility company and affirm			•	•		
may	ming Member, Managing	Member or Mar	nager			12 MAR 28	e opistrano
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				E. 72	PM 1:43	O