## L11000114724

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BOCAHOLIC.COM LLC	
(Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Michael G. Nevins	
(Contact Person)	
Bocaholic.com	SECRIAL DO
(Firm/Company)	HE TA
11622 NW 36th Street	OHOCT 31 PM 12% 2 SECRETARY OF STATE ALLIAHASSEE, FLORID
. (Address)	
Coral Springs,Florida 33065	ACIE SOL
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Michael Nevins at (at (	954 297-4734
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, Fiorida 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

1. The name of the of State is: Flor	imited liability company as it app ida りのにいりしに。		ne Florida Depart	tment
	lity company was organized unde	<i>—————————————————————————————————————</i>	SECRETARY OF ACLIANASSEE.	1
3. The Florida docu <u>L11000114</u>	ment/registration number of this l	imited liability compan	OF STATE E. FLORIDA is:	5 5
4. I, Marsha Wo	oods me of Person Resigning)	hereby resign as a Ma	naging Mem	iber
•	ility company and affirm the limi	ted liability company ha	ıs been notified o	of my
Signature of Resignature	ning Member, Managing Membe	er or Manager		
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Optional)			