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COVER LETTER

Division of Corporations SUBJECT: Renovo Technologies LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (Contact Person) Tehnologies LLC (Firm/Company) Cape coval FL 33909
(City/State and Zip Code) For further information concerning this matter, please call: Shaun Murray at (239) 823-4730 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **Ճ** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

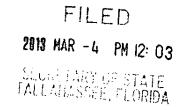
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	• •		ne Florida De	-
2. This limited liabi	lity company was organize		e laws of:		
	ment/registration number of		ed liability compan	y is:	
of this limited liab resignation in wri	on burger ame of Person Resigning) bility company and affirm t ting. gning Member, Managing	the limited	liability company ha	(Print Title,)
=	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)