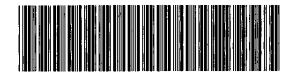
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3LUALINATE OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK

JAN 1 7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3 Compadves LLC (Name of Limited Lia	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
Tasac Gutierrez (Contact Person)	
3 Com padres UC. (Firm/Company)	·
3355 SW College RD (Address)	
ocala Pl 3474 (City/State and Zip Code)	2 JAN 13
For further information concerning this matter, ple	ease call: FLORING 29. 29. 29. 29. 29. 29. 29. 29. 29. 29.
Name of Contact Person) at (A	970) 985-9513 Erri Namber)
Enclosed please find a check made payable to the \$\frac{1}{2}\$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as	s it appears on the records	of the Florida Dep	artment
2. This limited liabi	lity company was organized	d under the laws of:		
3. The Florida docu	ment/registration number o	f this limited liability com	npany is:	
(Print No	o Gutie1/e2 ame of Person Resigning) willity company and affirm the		(Print Title)	d of my
Dittem	gning Member, Managing N	Member or Manager	SEUNE TALLAH	12 JAN
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSEE FLORID	3. P. 3. 2.