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COVER LETTER

Lamoise Group 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: Dennis R. Bedard (Contact Person) Dennis R. Bedard (Firm/Company) 1717 North Bayshore Drive Suite 215 (Address) Miami, Florida 33132 (City/State and Zip Code) For further information concerning this matter, please call: Dennis R. Bedard (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

■ \$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section Division of Corporations



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 loise Group LLC	it appears on the records of	of the Florida Departn	nent
2. This limited liabil Florida	ity company was organized	under the laws of:		
3. The Florida docur L12000088	nent/registration number of	this limited liability comp	pany is:	
_{4. I,} Didier Lamoise		, hereby resign as a	Managing Membe	er
(Print Name of Person Resigning)			(Print Title)	
of this limited liab resignation in writ	ility company and affirm the ing.	e limited liability company	has been notified of	my
Signature of Resig	ning Member, Managing M	lember or Manager		
Filing Fee:	\$25.00 (Required)		٠.	
Certified Copy:	\$30.00 (Optional)		 (T	ر ٦