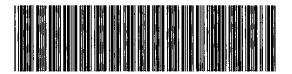


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paul A. Schulman & Co., LLC (Name of Limited Liability Company)	,
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Paul Schulman (Contact Person)	
Paul A. Schulman & Co., LLC (Firm/Company)	
2997 Kensington Trace	
Tarpon Springs, FL 34688 (Cityl State and Code)	
For further information concerning this matter, please call:	
Paul Schulman at 631 831-0613 (Name of Contact Person) (Area Code & Daytime Telephone Number	> -1
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$25 Filing Fee & Certified Copy	.,
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability company as it appears on the records of the Florida Department
of State is:	Paul A. Scholman & CO., LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
L1200	20027558
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 7 1116
4.1. Sus	Mane of Person Resigning). hereby withdraw/resign as a
M @	Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
June ,	Schulmen
Signature of D	issociating Member or Resigning Manager
Filing Fcc:	\$25.00 (Required)
Certified Copy:	\$30.00 (Ontional)