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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Will G Enterprises LLC. Business (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:					
William Guynup (Contact Person)					
Will G. Enterprises LLC. Business (Firm/Company)					
8410 Cluster RD. (Address)					
Panama City Florida, (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (850) 338-2836 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$\\$ \$\\$25 \text{Filing Fee} \text{\$\square}\$ \$\\$\\$ Certified Copy					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327					

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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	limited liability company a	as it appears on the records	of the Florida Department
	• • •	ses LLC Busin	
	oility company was organiza		
3. The Florida doc	ument/registration number	of this limited liability com	pany is:
L1200	0068393		Prop manual ma manual manual manual ma manual ma ma manual ma ma ma ma ma ma ma ma ma ma ma ma ma
4. I, Eleanos	a Jean Kelley Jame of Person Resigning)	, hereby resign as a _	Manager- (Print Title)
	bility company and affirm t	the limited liability compan	
Eleano	ral Kelley		
Signature of Resi	gning Member, Managing	Member or(Manager)	4
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		