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Office Use Only

CIM 8-13-14

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ				
	(Name of Lim	ited Liability Cor	npany)	
The er	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to:		
Dona	ld A. Patterson			۵.
	(Contact Person)			;- *
Exploration Resources LLC.				111 28
	(Firm/Company)			72
4 Ma	caw Lane		- 1886 - 1887 - 1887	. IIII 28 PH 3:42
	(Address)		Ðm ≯	2
Key V	West, Fl. 33040			
	(City/State and Zip Code)		_	
For fu	rther information concerning this matt	er, please call:		
Dona	ld A. Patterson	954 at (732-5710	
	(Name of Contact Person)	_ \	& Daytime Telephone Number)	
	sed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy	
Regist Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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 the	e limited liability company	as it appears on the records of the Florida Department
of State is:	loration Resources LLC	-
2. The Florida doc L1200007697	-	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/r	resigned or will withdraw/resign is:
Howard Tall	(S	hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
Managing M	ember	
	(Print Title)	•
of this limited li- resignation in w		the limited liability company has been notified of my
Ho	wad Talk	1
Signature of E	vissociating Member or Res	signing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	
Gertified Copy:	\$30.00 (Optional)	