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COVER LETTER

Division of Corporations SUBJECT: ABOUT SURVEY (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: JENNIFER SENA (Contact Person) ABOUT SURVEY, LLC (Firm/Company) 208 SW 6th COURT (Address) POMPANO BEACH, FL 33062 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL LONDON (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee &

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Certified Copy

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

CR2E079 (5/06)

TO:

Registration Section



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 as it a	ppears on the records of the Florida Department
of State is: ABOUT SURVEY, LLC	
2. This limited liability company was organized und FLORIDA	der the laws of:
3. The Florida document/registration number of this L12000105929	s limited liability company is:
	F. A.
4. I, JAMES DIGEORGIA	_, hereby resign as a MANAGER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lin	ited liability company has been notified of my
resignation in writing.	73
	- M 10: 21
Signature of Resigning Member, Managing Mem	ber or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
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