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(Address)		
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SECRETARY OF STATE
FALL MASSAFE FROM

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Heartland E (Name of Limited)	EVENTS LLC Liability Company)
The enclosed member, managing member or mafiling.	nnager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
GARY T. Henders (Contact Person)	son
Heartland Events (Firm/Company)	LLC
1472 MAUDE ROAD	A STATE OF THE STA
WAUCHUA FL 3387 (City/State and Zip Code)	23
For further information concerning this matter, I	please call:
GARY T. HENDERSON at (Name of Contact Person)	(863) 78/-06/0 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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SECRETARY OF STATE
TAGLASASSEE, FLORIDA

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 appears on the records of the Florida Department
of State is: Heart and Events LLC
2. This limited liability company was organized under the laws of:
Florina
3. The Florida document/registration number of this limited liability company is:
L12000112630
4. I, GARY T. Henoerson, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
\sim \sim \sim \sim \sim \sim
Ang Atom
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: