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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: IDEA Worksheets, LLC

(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:

Dorlisa Carter

(Contact Person)

IDEA Worksheets, LLC

(Firm/Company)

2361 Oak Court

(Address)

Pembroke Pines, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

URSZULA RYDZYNSKI at (954) 534 6983 (Area Code & Davtime Telenhone Number

(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 & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



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 lir of State is:	nited liability company as it ap DEA WORKS ha	opears on th	ne records o	of the Flor	rida De _l	partm	nent
	ty company was organized unc	-	,		ALLAHASSEE, FI	3 DEC -4 PM	FILED
	ent/registration number of this	s limited lia _·	bility comp	oany is:	ORIEN	12: 52	
(Prini Nam	RYDZYNSK1 ne of Person Resigning) ity company and affirm the lin			(PT)	ini Tille)	ed of	— my
resignation in writing	iush ·						
, ,	ing Member, Managing Member, Managing Member	ber or Mana	ager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						