LI300001108

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
MAR 1 8	2013	
L. SELLERS		

Office Use Only



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Tever had Any interest in the Aforementioned business. I have not signed Anything Giving my permission to partoke. I would like my name removed ois acickly As pass; ble. Thank you

Acspect fully.

Re! L 13000001108

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 738 Show (Name of)	Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
738Sn000 (Firm/Company)	
PO 60x 2341 (Address)	
Covington, CA 30013 (City/State and Zip Code)	<u></u>
For further information concerning this m	atter, please call:
(Name of Contact Person)	at (<u>SQ1</u>) <u>QS1-95&5</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee &}\$\$ Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

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

CR2E079 (5/06)

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



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:	738 Snoop .	
2. This limited liab	pility company was organized under the laws of:	
- F10R	mdQ	
3. The Florida docu	ument/registration number of this limited liability company is:	
L1360000	80110	
4. I, (Prmt N	Name of Person Resigning), hereby resign as a MCNGGer Member Member (Print Title)	Der
of this limited lia	bility company and affirm the limited liability company has been notified of my riting.	
V) HU	ALL)	
/ Signature of Resi	igning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	