L13000001956

| (Requestor's Name) | | |
|---|--------------------------|--|
| (Address) | 400245459604 | |
| (Address) | 1002 10 10000 1 | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | 03/11/1301011015 **25.00 | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |

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COVER LETTER

| TO: Registration Section | | | | |
|--|------------------------|--|-------------------------------|--|
| Division of Corporations | | | | |
| Grandpa Joe's Lures, I | LLC | | | |
| (Name | of Limited Liability C | ompany) | | |
| The enclosed member, managing mem filing. | ber or manager res | ignation and fee(s) are submitted f | or | |
| Please return all correspondence conce | rning this matter to |): | | |
| Michael D. Kobilis | | ت الله الله الله الله الله الله الله الل | 7. 1 2. | |
| (Contact Person) | | | المراجعة المراجعة المراجعة | |
| | | A HER CONTROL OF THE PARTY OF T | - | |
| (Firm/Company) | | <u> </u> | بخر بخر | |
| 137 S. Courtenay Pkwy. #2194 | | OR | رين ا | |
| (Address) | | | | |
| Merritt Island, FL 32952 | | | | |
| (City/State and Zip Code) |) | | | |
| For further information concerning this | matter, please call | l: | | |
| Michael D. Kobilis | 305 at (| 394-0484 | | |
| (Name of Contact Person) | | de & Daytime Telephone Number) | | |
| Enclosed please find a check made pay | while to the Florida | Danartment of State for: | | |
| ■ \$25 Filing Fee | | 1 \$55 Filing Fee & | | |
| Ç | | Certified Copy | | |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| Clifton Building | | P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | | 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 ling of State is: | mited liability company as lpa Joes Lures | it appears on the records | s of the Florida Department |
|--|--|----------------------------|-----------------------------|
| 2. This limited liabili State of Florida | ty company was organized | under the laws of: | 13 MAR 11 AM 8 |
| 3. The Florida docum L13000001956 | ent/registration number of | this limited liability com | 71 |
| 4. I, Cheryl L. Kobil | is ne of Person Resigning) | , hereby resign as a | MGRM (Print Title) |
| | ity company and affirm the | | ny has been notified of my |
| Signature of Resign | ing Member, Managing M | ember or Manager | |
| Filing Fee: Certified Copy: | | | |