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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advance Control Submit, 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:

Alberto V Da Silva

(Contact Person)

Advance Control Submit, LLC

(Firm/Company)

2208 East 26th Street

(Address)

Panama City, FL 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto V Da Silva

_{...}850

254-9938 x108

(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 &

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

| | limited liability company as invance Control Submit, L | | ne Florida Department |
|-----------------------------------|---|--------------------------------|--|
| 2. This limited liab Florida | ility company was organized | under the laws of: | |
| 3. The Florida docu L130000045 | oment/registration number of | this limited liability company | y is: |
| 4. I, Joseph Murphy | | , hereby resign as a MG | RM |
| of this limited liab | ame of Person Resigning) pility company and affirm the | limited liability company ha | (Print Title) s been notified of my |
| resignation in wri | gning Member, Managing Mi | ember or Manager | 13 JUL 25 AM SECRETARY OF TALLAHASSEE, F |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TO THE STATE |