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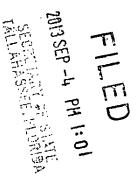
(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

_{suвјест:} Hamilton Parker Group, 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:

Joseph J. Tretola

(Contact Person)

Hamilton Parker Group, LLC

(Firm/Company)

100 E. Linton Blvd, Ste 402B

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph J. Tretola

at (888)

778-1431

(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

	mited liability company as it ap ilton Parker Group, LLC	pears on the records of the	Florida Department
2. This limited liabil Florida	ity company was organized und	er the laws of:	TILE!
3. The Florida docum L1300001165	nent/registration number of this 55	limited liability company	is:
4. I, David Parker	ne of Person Resigning)	, hereby resign as a MGN	MR (Print Title)
of this limited liabi	lity company and affirm the liming.	ited liability company has	been notified of my
(χ) σ	ning Member, Managing Memb	her or Manager	
		3	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		