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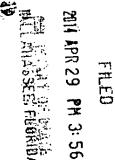
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(Name of Limit	ed Liability Co	ompany)
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Person)	· \	de & Daytime Telephone Number)
c made payable to		Department of State for: ng Fee & Certified Copy
•		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	(Name of Limit nation or dissocia ence concerning to K en Person) LC Company) TE L lress) and Zip Code) cerning this matte K	(Name of Limited Liability Connation or dissociation and fee ence concerning this matter to K At Person) LC Company) TE L Areass) and Zip Code) cerning this matter, please cal K Person) (Area Code) k made payable to the Florida \$55 Filin

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FILED 2011 APR 29 PM 3: 56

ATT THAT SEE, FLUTTON

FLORIDA DEPARTMENT OF STATES.
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L1300001300	_	ssigned to this limited liability company is:
, JAMES PRI	CE CHUCK	signed or will withdraw/resign is:, hereby withdraw/resign as a
MANAGING of this limited lin	(Print Title)	he limited liability company has been notified of my
resignation in w		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	