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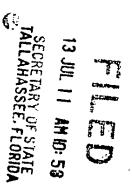
(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Phoenix Solution USA, 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:

Diana F Goetz

(Contact Person)

The Phoenix Solution USA, LLC

(Firm/Company)

4254 Marine Pkwy

(Address)

New Port Richey FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana F Goetz

_{st} 727

359-1922

(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 it appears on the records of the Fl Phoenix Solution USA, LLC	orida Dep	oartm	nent
2. This limited liabi Florida	lity company was organized under the laws of:	SECRETAL TALLAHAS	13 JUL 1	di Mariana Si Mariana
3. The Florida docu L130000586	ment/registration number of this limited liability company is: 36	RY OF STATE SEE, FLORID	AN 15: 5a	
4. I, Sherry Stor	, hereby resign as a MGMR	Print Title)		_
of this limited liab resignation in wri	oility company and affirm the limited liability company has be ting.	en notifie	d of	my
Signature of Pasi	gning Member, Managing Member or Manager			
Signature of Besi	gining ividiniber, ividinaging ividiniber of ividinager			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			