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ANALYSEE FLORIDA

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: ZNQQ twist wint (Name of Limited Liability Con	FROW UC
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
GEOFFY IHEMAN (Contact Person)	_
the law affects of GE	stopey EHLEMAN. PA
(Firm/Company) 440 N. ANDFEWS AVE. F. (Address)	t. MUNERIONE, FL. 3330
4T. AUNEROALE, FL. 33301 (City/State and Zip Code)	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:
For further information concerning this matter, please call:	CRETATION OF THE PROPERTY OF T
CEEFFEY THEAMAN at SY. (Name of Contact Person) (Area Code	2 & Daytime Telephone Number 2
Enclosed please find a check made payable to the Florida F	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
2001 Executive Center Circle	rananasse, rivilda 323 ri

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is:	limited liability company as	it appears on the records	of the Florida Departm	ient
2. This limited liab	ility company was organized	l under the laws of:	SECRET TALLAHA	
LASOCC	ment/registration number of	·	ipany is:	-8 PM 1:2
/	ZIWGG ame of Person Resigning)	, hereby resign as a	(Print Title)	<u>-</u> ,
resignation in wri	bility company and affirm the ting. Les Company and affirm the ting. By Company and affirm the ting. By Company and affirm the ting.		y has been notified of a	my
Filing Fee:	\$25.00 (Required)			