

L99 000004274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

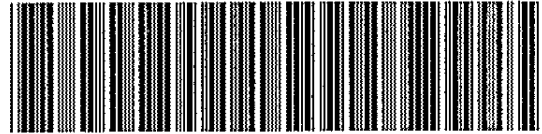
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 MAY -4 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99-4274
AR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 5, 2004

DAVID FRAM
701 EVANS AVENUE, SUITE 901
TORONTO, ONTARIO CANADA, M9C1A-3

SUBJECT: LAMBERHURST ASSOCIATES, L.L.C.
Ref. Number: L99000004274

We have received your document for LAMBERHURST ASSOCIATES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00022093

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2004 MAY -4 PM 3:07
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TALLAHASSEE, FLORIDA

FRAM PROFESSIONAL CORPORATION

March 22, 2004

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
USA 32314

SUITE 901
701 EVANS AVENUE
TORONTO, ONTARIO
M9C 1A3

Tel. (416) 622-2665
Fax. (416) 622-8952
dfram@niten.com

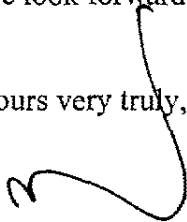
Dear Sirs:

RE: LAMBERHURST ASSOCIATES, L.L.C.

Enclosed please find a transmittal letter on your form together with an officer/director resignation for filing in respect of the above-referenced corporation. Also enclosed is our firm trust cheque in the amount of \$35.00 as payment of your fee.

We look forward to your confirmation that the amendment has been filed.

Yours very truly,



DAVID A. FRAM
Barrister and Solicitor

DAF/ms
Encl.

FILED
2004 MAY -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lamberhurst Associates, L.L.C.
(Name of Corporation)

DOCUMENT NUMBER: L99000004274

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Fram
(Name of Person)

Fram Professional Corporation

(Name of Firm/Company)

701 Evans Ave., Suite 901
(Address)

Toronto, Ontario, Canada M9C 1A3
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Fram at (416) 622-2665
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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2004 MAY -4 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRAM PROFESSIONAL CORPORATION

April 29, 2004

SUITE 901
701 EVANS AVENUE
TORONTO, ONTARIO
M9C 1A3

Tel. (416) 622-2665
Fax. (416) 622-8952
dfram@niten.com

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
USA 32314

Dear Sirs:

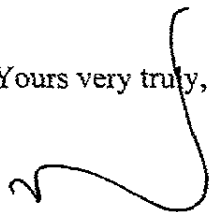
RE: LAMBERHURST ASSOCIATES, L.L.C.

We enclose herein a copy of your letter of April 5, 2004 as well as the Resignation document duly executed as required by your office.

Kindly file the enclosed document. We note as well that you have our cheque previously sent to you for \$35.00. The filing fee for the enclosed document is \$25.00. Please return the difference of \$10.00 to our offices directly.

Thank you for your anticipated cooperation herein.

Yours very truly,



DAVID A. FRAM
Barrister and Solicitor

DAF/ms
Encls.

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2004 MAY -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

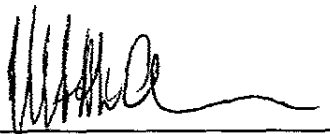
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael A. Arkell Smith, hereby resign as Managing Member
(Title)

of Lamberhurst Associates, L.L.C.,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.



(Signature of resigning manager, managing member or member)
Michael A. Arkell Smith

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY -4 PM 3:08

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