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SECRETARY OF STATE
ALLAHASSEF, FI ORINA

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, 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: CAROLYN BRADHAM (Contact Person) (Firm/Company) **401-B YELVINGTON AVE** (Address) **CLEARWATER FL 33755** (City/State and Zip Code) For further information concerning this matter, please call: at (727) 423-5970 (Area Code & Daytime Telephone Number) CAROLYN BRADHAM (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & **✓** \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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 RTIFIED PROFESSION		of the Florida Department ORGANIZATION, LL	C
2. This limited liab FLORIDA	ility company was organized	under the laws of:		
3. The Florida doci	ument/registration number of	this limited liability comp	pany is:	
4. I, Carolyn Bradham (Print Name of Person Resigning)		, hereby resign as a _	MANAGING MEMBER (Print Title)	₹
	bility company and affirm th			
Signature of Resi	gning Member, Managing M	Clean Tember or Manager		
	\$25.00 (Required) \$30.00 (Optional)		2007 A SECR TALLA	

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