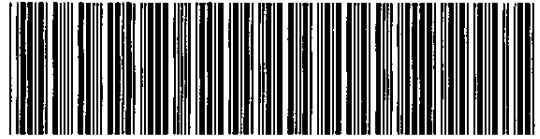


M08000004161



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11/17/08--01021--011 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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TALLAHASSEE, FLORIDA

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FILED

EDWIN B. KAGAN, P.A.
ATTORNEY AT LAW
2709 ROCKY POINT DRIVE
SUITE 102
TAMPA, FLORIDA 33607
TELEPHONE (813) 281-5609
FACSIMILE (813) 288-0428

November 13, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: PCOF Partners, LLC
M08000004161

Dear Sir/Madam:

Enclosed please find for filing a Resignation of Managing Member relating to the above-captioned foreign limited liability company.

The Resignation is signed by Lee Meier. Please note that the Department's public information reported for the company incorrectly reflects Mr. Meier's name as "Tichenor Meier". In any event, he should be removed as a managing member of the company.

Enclosed is a check for \$25, representing the filing fee. Please direct all correspondence concerning this matter to my attention at the above address.

Thank you for your cooperation.

Sincerely,



Edwin B. Kagan

EBK/jdl
Enclosures
cc: Torii Goar



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 limited liability company as it appears on the records of the Florida Department of State is: PCOF Partners LLC

2. This limited liability company was organized under the laws of:
Delaware

3. The Florida document/registration number of this limited liability company is:
M08000004161

4. I, Lee Meier, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA