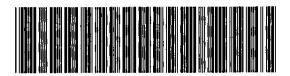
## M08000004161

(Rec	questor's Name)				
(Address)					
(Address)					
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJE	PCOF Partners, LLC	ed Liability Company)
The end filing.	closed member, managing member or i	nanager resignation and fee(s) are submitted for
Please 1	return all correspondence concerning t	his matter to:
Davi	d Rosenberg	
	(Contact Person)	
PCO	F Partners, LLC	
	(Firm/Company)	
1630	Ringling Blvd	
	(Address)	
Sara	sota, FL 34236	
	(City/State and Zip Code)	
For furt	ther information concerning this matter	r, please call:
Davi	d Rosenberg	at () 953-4482 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	_	Certified Copy
	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ation Section	Registration Section
	n of Corporations	Division of Corporations
	Building	P.O. Box 6327
	xecutive Center Circle	Tallahassee, Florida 32314
Tallaha	ssee, Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	OF Partners, LLC	• •	or the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc M080000	ument/registration number o	f this limited liability con	npany is:
4. I, Roger T	ichenor Jame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
resignation in vi			ny has been notified of my
Signature of Res	gning Member, Managing M	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		