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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: MASTERLINE INK LLC (Name of Lin	nited Liability Company)
Dear S	ir or Madam:	
The en	closed Resignation of Member, Managin	g Member or Manager and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
VICT	OR H HERNANDEZ (Name of Person)	<u> </u>
MAS	TERLINE INK LLC	
	(Firm/Company)	
8600	NW SOUTH RIVER DR SUITE	228
	(Address)	
MIAN	MI, FLORIDA 33166	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, p	please call:
VICT	OR H HERNANDEZ	at (305) 883-2202
	(Name of Person)	(Area Code & Daytime Telephone Number)
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section on of Corporations Building executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclose	ed is a check for the following amount:	
	\$25 Filing Fee	\$55 Filing Fee &
CR2E079	9 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, RAMON ARBOLEDA	, hereby resign as MANAGER
	(Title)
of MASTERLINE INK LLC	
(Limited Lie	ability Company)
a limited liability company organized under the	laws of the State of FLORIDA
and affirm that the limited liability company ha	s been notified in writing of the resignation.
Dayalos	3
(Signature of resigning manage	er, managing member or member)
,	

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