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(Requestor's Name)		
(Address)		
· (Address)		
(City/State/Zip/Phone #)		
		<u>.</u>
, PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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**25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLY ME TO THE MOOI	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Desiree V. Abrahams	
(Contact Person)	_
Kramer & Rassner, P.A.	SECO TALL
(Firm/Company)	
7700 N. Kendall Drive, Suite 510	07 JUL 30 PH 12: 45 SECRETARY OF STATE FALL AHASSEE. FLORID
(Address)	ORA F
Miami, FL 33156	Did o
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Desiree V. Abrahams at (_	305) 270-8876
(Name of Contact Person) (As	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 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

		LANGE SE SE
I	LOIS MATT	hereby resign as Member (Title)
of	FLY ME TO THE MOON FRANK, LLC	
	(Limited Liability	Company)
a limito	ed liability company organized under the laws	of the State of Florida
and aff	irm that the limited liability company)has been	n notified in writing of the resignation.
		1
	(Signature of resigning manager, ma	maging member or member)
	LOIS MATT	

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

CR2E079 (8/05)