L04000093475

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess <i>)</i>	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
·	•	•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700108482197

08/31/07--01022--004 **25.00

FILED

07 AUG 31 AM 10: 11

SÉCRETARY OF STATI



9700 S. Dixie Highway • Suite 500 • Miami, FL 33156 305 670-3003 • fax: 305 670-9722

2790 N. Federal Highway • Suite 400 • Boca Raton, FL 33431 561 394-6191 • fax: 561 395-5012

August 27, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find a check for \$25.00 to cover the filing fee for the enclosed resignation. Your letter and the Resignation form is enclosed.

Your prompt attention to this matter is greatly appreciated.

Singerely,

Robert J. Berney, CPA

Encl.



August 21, 2007

ROBERT BERNEY BERNEY & DUBOFF CPAS, PL 9700 SOUTH DIXIE HIGHWAY, SUITE 500 MIAMI, FL 33156

SUBJECT: BERNEY & DUBOFF CPAS, PL

Ref. Number: L04000093475

We have received your document for BERNEY & DUBOFF CPAS, PL and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a \$25.00 fee required to file the Resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 607A00050576

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314



FILED

07 AUG 31 AM 10: 14

SECKLIAKY OF STATE TALLAHASSEE, FLORIDA

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: Berney + Duboff CPAS, PL
2. This limited liability company was organized under the laws of: THORIDA
3. The Florida document/registration number of this limited liability company is: LO400003475 4. I, Richard Bogdano A, hereby resign as a Co-Managing Member (Print Name of Person Resigning) (Print Title) and Wember
(Print Name of Person Resigning) (Print Title) (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: Certified Copy: \$25.00 (Required)

\$30.00 (Optional)