W6000126213

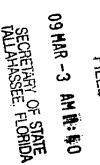
(Requestor's Name)				
(Address)				
(0.44/2022)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boournein: Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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M. THOMAS

MAR - 4 2009

EXAMINER



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 lin of State is:	nited liability company as it a	ppears on the records of LLC	of the Florida Department
2. This limited liabilit	y company was organized un	der the laws of: 	HASSEE FLORIDA
	ent/registration number of thi	is limited liability comp	pany is:
	P 1D/CO e of Person Resigning) ity company and affirm the li		
Welly 2	ing Member, Managing Mem	nber or Manager	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		