## LOO00119143

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE TALLAHASSEE FLORIDA



## **COVER LETTER**

	ation Section n of Corporations	
SUBJECT:	AISHA ENTERPRISES LLC	
	(Name of Limited Liability Compa	iny)
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	EVELYN RIVERA, EA	
	(Name of Person)	
	ACCOUNTING CENTER FOR SMALL	. BUSINESS LLC
	(Firm/Company)	O7
	5701 DOGWOOD DR	JAN 29 CRETARY LAHASSI
	(Address)	ARY (SSE
	ORLANDO, FL 32807	
	(City/State and Zip Code)	I I: 42
For further inforr	mation concerning this matter, please call:	<b>33.</b> / . •
EVEL	LYN RIVERA, EA at 407	, 281-0227
	(Name of Person) (Area (	281-0227 Code & Daytime Telephone Number)
Enclosed is a check	k for the following amount:	
\$25.00 Filing F	See \$30.00 Filing Fee & S55.00 Filing Fe Certificate of Status Certified Copy (additional copy)	Certificate of Status &
	MAILING ADDRESS: STR	EET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



## 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	nited liability company as it ap AISHA ENTERF	-	of the Florid	a Depart	ment 	
	y company was organized und OF FLORIDA	er the laws of:		SECRI TALLA	07 JA	
3. The Florida document/registration number of this limited liability company is:  L06000119143			ETARY OF O	JAN 29 PH		
4. I, ELVIS ALMO	ONTE e of Person Resigning)	, hereby resign as a	MGRM (Print	Tille)	<u> </u> : ₩	!
of this limited liabilities resignation in writing	ity company and affirm the limg.	nited liability compar	ny has been n	otified o	f my	
Signature of Resign	ing Member, Managing Memb	per or Manager				
Filing Fee: Certified Copy:						