L0700003885

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
L01-3885		
(Document Number)		
Certified Copies Certificates of Status		
,		
Special Instructions to Filing Officer:		

Office Use Only



500187849135

11/22/10--01048--005 **35.00

N. Culligen UEC - 7 2010.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A. A. S. Manage (Name of Limited	ment LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Pedro J. Timener (Contact Person)	
RAS Management, L	LC_
1111 Falcon Pank Onu apt	6205
Katy TX, 77494 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
	(832) 882-885-7562 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



November 23, 2010

PEDRO JIMENEZ 1111 FALCON PARK DRIVE APT. 6205 KATY, TX 77494

SUBJECT: R.A.S. MANAGEMENT, LLC

Ref. Number: L07000003885

We have received your document for R.A.S. MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

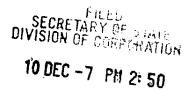
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist II

Letter Number: 010A00027457





FLORIDA DEPARTMENT OF STATE I

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: Th. H. D. Management, LLC
2. This limited liability company was organized under the laws of:
Florida Department of State
Florida grepartment of state
3. The Florida document/registration number of this limited liability company is:
_
4. I. Pedro J. Jimenez hereby resign as a Manager / Officer
4. I, Podro J. Timere , hereby resign as a Manager Officer (Print Name of Person Resigning) , hereby resign as a Manager Officer
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
Terminal or year, managing manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)