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SECRETARY OF STATE

C. LEWIS

MAY 1 9 2009

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations					
SUBJECT: UNICELL INTERNAT	IONAL LLC.				
	(Name of Limited Liability Company)				
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for				
Please return all correspondence concerning	ng this matter to:				
LUIS FERNANDO CALVO					
(Contact Person)					
UNICELL INTERNATIONAL LL	.C				
(Firm/Company)					
9600 NW 25 STREET	·				
(Address)					
DORAL FL. 33172					
(City/State and Zip Code)					
For further information concerning this ma	atter, please call:				
LUIS FERNANDO CALVO	at (_305) 498-8795				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payabl \$25 Filing Fee	sto the Florida Department of State for: \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS: V				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				



FILED

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SECRETARY 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

	limited liability company as it ICELL INTERNATION	• •	of the Florida Department
2. This limited liabi	lity company was organized u	nder the laws of:	
3. The Florida docu L07000070	ment/registration number of the	is limited liability con	npany is:
4. I, LUIS FERNANDO CALVO (Print Name of Person Resigning)		, hereby resign as a	MANAGER (Print Title)
of this limited liab resignation in wri	oility company and affirm the l	imited liability compa	ny has been notified of my
	pning Member, Managing Mer	nher or Manager	
Digitature or reesi	5mm Wember, Managing We	noor or manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		