10000000000016141

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

Office Use Only



300185224063

09/10/10--01026--006 **25.00

FILED

10 SEP 10 PH 10 50
SECRETARY OF STATE
ALLAHASSEE, FINDER

D. BRUCE
SEP 13 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NO LIMIT RC (Name of Limite	ed Liability Company)	_	
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitte	ed for	
Please return all correspondence concerning the	his matter to:		
TOM DIXON			
(Contact Person)			
NO LIMIT RC			
(Firm/Company)			
5406 Charlin Avenue	Ä	7 3 3	
(Address)		SE	7
LAKELAND, FLORIDA 33810	A S S F	SEP 10 PH	=
(City/State and Zip Code)	יון דיין	₽ ?	$\dot{\Box}$
For further information concerning this matter	r, please call:	STATE	O
TOM DIXON	at (863) 559-5142	" • • • • • • • • • • • • • • • • • • •	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



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 of State is: NO		it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doc L07000070	_	this limited liability company is:
4. I, JUSTIN HAUGLAND (Print Name of Person Resigning)		, hereby resign as a PROMOTIONS MGR.
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Res	dy Igning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	10 SEP
Certified Conv.	\$30.00 (Ontional)	· · · · · · · · · · · · · · · · · · ·