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. (Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	: #)		
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SEURE IN COUNTY STATE
TALLAHASSEE FI ORIGA

D. BRUCE

AUG 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AMIGA (Name of Limit	ed Liability Company)		
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning the	nis matter to:		
Rusol Yasin	08 TALL		
· (Contact Person)	AH. DE		
(Firm/Company)			
7020 NORTH AUGUST (Address)	A DRIVE		
MIAMI, FL 330 (City/State and Zip Code)	15		
For further information concerning this matter	r, please call:		
Rusol YasiN (Name of Contact Person)	at (<u>305</u>) <u>951 - 6081</u> (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: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 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 li of State is:	mited liability company as it a	appears on the records of	of the Florida D	Department
	ty company was organized ur いdる	nder the laws of:	SEUNCIONA TALLAHASSE	08 HIG 27
	nent/registration number of th	is limited liability comp	pany is:	M D: LS
,	L YASIN ne of Person Resigning)	, hereby resign as a _	MGR (Print Title	e)
of this limited liabi resignation in writi	lity company and affirm the ling.	mited liability company	y has been noti	fied of my
Signature of Resig	ning Member, Managing Mer	nher or Manager		
Signature of Resig	imig Member, Managing Men	noor or managor		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			