10000088637

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(,	
(Cit	ty/State/Zip/Phone	· #)
	— =	—
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
•	•	
(Do	cument Number)	
90)	ounient Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opeoidi instructions to	i illig Olicei.	

Office Use Only



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O7 DEC 31 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE

DEC 31 2007

EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

	Division of Corporations		
s	, c	westments, LLC ed Liability Company)	
-	(Name of Limit	ed Liability Company)	
1	The enclosed member, managing member or rilling.	manager resignation and fee(s) are	submitted for
P	Please return all correspondence concerning the	his matter to:	
<u> </u> 	Khoshrow Jabb	sar.	07 (SEC TÂLL
_	UBA Investments (Firm/Company)	, LCC	DEC 31 1
	6102 S, Mac D, 11 K	lue. Suite C	31 PM 3: 58 ARY OF STATE USSEE, FLORIDA
_	Tampa FC 33 W (City/State and Zip Code)	(1	
F	For further information concerning this matter	r, please call:	
Kharā	(Name of Contact Person)	at (8\3) 832-2\ (Area Code & Daytime Telephone	Number)
; E	Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for \$55 Filing Fee & Certified Copy	or:
S	STREET/COURIER ADDRESS:	MAILING ADDRI	ESS:
R	Registration Section	Registration Section	I
	Division of Corporations	Division of Corpora	
! C	Clifton Building	P.O. Box 6327	
20	2661 Executive Center Circle	Tallahassee, Florida	32314
! T	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 of State is:	limited liability company as it appears on the records of the Florida Department UBA Muestments, LLC.
2. This limited liab	organized under the laws of: NICON SECRETARY OF DEC 3
3. The Florida doci	ment/registration number of this limited liability company is:
4. I, Nazari	th Dewood, hereby resign as a MGRM ame of Person Resigning) (Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signatural & Paris	And the Managine Mana
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)