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## **COVER LETTER**

**TO:** Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Le Paradis Sales & Marketing l	_LC
(Name of Limited Liability	
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted fo
Please return all correspondence concerning this matter	to:
Jason Desmond	SSE
(Contact Person)	
LeParadis Sales & Marketing LLC	ORIDE
(Firm/Company)	
6541 N Federal Highway Ste 1200	
(Address)	
Fort Lauderdale, Fl. 33308	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
Jason Desmond at ( 954	4 <u>)</u> 343-3418
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it a aradis Sales & Marketi		e Florida Department
2. This limited liabilit	ty company was organized und	der the laws of:	2010 SEP 21 SECRETARY
3. The Florida docum	ent/registration number of this	s limited liability company 	PH III 10
<sub>4. I,</sub> Derek Radz	11.01.10.10	_, hereby resign as a Mg	r Member
of this limited liabil resignation in writing			(Print Title) s been notified of my
Filing Fee: Certified Copy:	ing Member, Managing Mem \$25.00 (Required) \$30.00 (Optional)	ber or Manager	

CR2E079 (5/06)