L08000080694

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	
(City	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HiddEN Attic, LL (Name of Limited L	iability Company)
The enclosed member, managing member or manfiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
ANA SONGO (Contact Person)	SEERE TARY
(Firm/Company)	
2975 Sû Z Sf. (Address)	EF STATE
Minmi, FL 33135 (City/State and Zip Code)	7
For further information concerning this matter, pl	ease call:
ANA BONGO at (Name of Contact Person)	305 903-2033 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sum_{\text{\$\subset}}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	nited liability company as it appears on the records of the Florida Department
	y company was organized under the laws of:
3. The Florida docume	ent/registration number of this limited liability company is:
,	ty company and affirm the limited liability company has been notified of my
resignation in writin	
Signature of Resigni	ing Member, Managing Member or Manager
_	\$25.00 (Required) \$30.00 (Optional)