## L09000011681

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 10 2000

**EXAMINER** 

Office Use Only

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12/09/09--01032--006 \*\*75.00

2009 DEC -9 PM 2: 1

TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Inches and pounds LLC	
(Name of Limited Liabilit	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	er to:
Dean Yannello	
(Contact Person)	
Inches and pounds LLC	Zalin (ALT)
(Firm/Company)	2009 DEC -9 ALL AHASSI
8145 Meadowview Pl	\$665 <b>-</b> 9
(Address)	<u> </u>
Trinity FI 34655	PM 2: I
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Dean Yannello at 72	.7 , 420-6295
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	\$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 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 l	imited liability company as it appears on the	records o	of the Florida D	epatiment
of State is:	Incles + Pourson			) DEC
	lity company was organized under the laws o	of:	ASSEE FLORIDA	-9 PM 2: 10
3. The Florida docum	ment/registration number of this limited liab	ility comp	oany is:	
LO 90000	11691			
4. I, That a	me of Person Resigning)	ign as a _	NGR (Print Title)	)
of this limited liab resignation in writ	ility company and affirm the limited liability ing.	company	y has been notif	ied of my
Signature of Resig	ning Member, Managing Member or Manag	ger		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			