L10000090917

(R	equestor's Name)			
:(A	ddress)			
(A	ddress)			
· (C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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02/14/11--01055--016 **55.00

SECRETARY OF STATE DIVISION OF CORPORATION

FEB 16 2011
EXAMPLE

COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: Ayel (Name of Limite	Cliability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Mike Mobley (Contact Person)	
(Firm/Company)	
18122 Linguis.	er lus Dr.
Thing 19 (City/State and Zip Code)	3647
For further information concerning this matter,	please call:
Mike Mobley a (Name of Contact Person)	t (B13) 293-078 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Assessed to amount	1 .U. DUA UJA!

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 manus of th	- 1:ia. d 1:-1:1:a.	on it annually on the root	ords of the Floride Depart	mant
	·// /	any as it appears on the reco	,,,,,	ment
of State is:	HNGE119	1Rynn	<u> </u>	<u>_</u> ·
2. This limited lia	bility company was orga	anized under the laws of:		
	orida	·		
3 The Florida doe	cument/registration num	ber of this limited liability	company is:	
	0000909	_	Milpuny 13.	
	0000707	<u></u> .		
4. I, Micha	El C Mo	bley, hereby resign a	sa Manging	Member
(Print)	Name of Person Resigning)		(Print Title)	
		irm the limited liability com	pany has been notified of	my
resignation in w	riting.			
-201	1-h1			
11/0	1/100	reef_		
Signature of Res	signing Member, Manag	ring Member or Manager		
		1		
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Ontional)			<u> </u>

CR2E079 (5/06)

SECRETARY OF STATE DIVISION OF CORPORATIONS