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





09/15/05--01038--004 \*\*25.80

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SPEEDY DELIVERIES, LLC. (Name of Lim	ited Liability Cor	mpany)	
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing	Member or M	Ianager and fec(s) are submit	ted for filing.
Please return all correspondence concerning this	matter to the f	ollowing:	
ISSA, FARUK		-	
(Name of Person)			
SPEEDY DELIVERIES, LLC.			7: 0
(Firm/Company)			5 SE
9511 Fontainebleau Blvd. #617			P P
(Address)		<del></del>	्रम् े न
Miami, Fl. 33172		<u>_</u>	05 SEP 15 PM 1:27 SECHE TOF STATE FLORIDA
(City/State and Zip Code)			A
For further information concerning this matter, p	lease call:		
Richard Fayad	at ( 786	246 4095	
(Name of Person)	(Area Cod	e & Daytime Telephone Nur	nber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	4
Enclosed is a check for the following amount:			•
\$25 Filing Fee		\$55 Filing Fee &	
CR2F079 (8/05)		Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, FARUK ISSA	, hereby resign as MGRM			
	(Title)		_	-
of SPEEDY DEL	IVERIES, LLC	. <u> </u>	,	
	(Limited Liability Company)			
a limited liability co	ompany organized under the laws of the State of FLORIDA		05 SEP	
and affirm that the	limited liability company has been notified in writing of the resignate	ion.	P 15	7
	Family Ussa	CF: STAD	PH 1:2	Ü
(S	ignature of resigning manager, managing member or member)	¥₩	27	

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314