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(Requ	iestor's Name)	
(Addri	ess)	
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(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)
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A. LUNT

MAR 31 2010

EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CENEREX LAS	BORATONIES LLC
(Name of Limited Liability	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	r to:
MEGAN GALLER (Contact Person)	
GENEREX LABORATO (Firm/Company)	INCES LLC
GENEREX LABORATO (Firm/Company) 1915 Thade Cent	2010 MAR 29 ALLAHASSE WAY
Naples FL 341 (City/State and Zip Code)	MAR 29 PH 2: 19 WHASSEE FLORID
For further information concerning this matter, please	call: DA T9
MEGAN GALLER at (23) (Name of Contact Person) (Area G	Gode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring See	ida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i ららいらんらメ ムイ			
	lity company was organized	under the laws of:		
3. The Florida docu	ment/registration number of	this limited liability comp	any is: 00 424 最高	
	TT QUESS ame of Person Resigning)	, hereby resign as a	Any is: O H 2 H To To The MAN (Print Title) has been notified of my	MAZER
of this limited liab	oility company and affirm the ting.	limited liability company	has been notified of my	ED
Signature of Resignature	gning Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			