L06000097698

•			
(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:			

Office Use Only



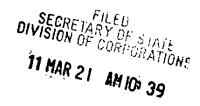
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03/21/11--01012--013 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Aftabel Unlimited	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Madelyn Shaw	
(Contact Person)	
(Firm/Company)	
5616 SW 120 Ave	
(Address)	
Cooper City, FL 33330	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	<u>954</u> <u>257-7877</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	an Florida Donartment of State for
\$25 Filing Fee	\$55 Filing Fee &
V 422 1 mmg 1 60	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 32301	Tallahassee, Florida 32314
CR2E079 (5/06)	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it pel Unlimited, LLC	appears on the records of the Florida Department
2. This limited liabili Florida	ty company was organized u	nder the laws of:
3. The Florida docum		nis limited liability company is:
4. I, Madelyn Sh	aw ne of Person Resigning)	, hereby resign as a Managing Member (Print Title)
of this limited liabil resignation in writing	lity company and affirm the l	imited liability company has been notified of my
Signature of Resign Filing Fee: Certified Copy:	sing Member, Managing Mer \$25.00 (Required) \$30.00 (Optional)	mber or Manager

CR2E079 (5/06)