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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FOR FIVE LLC		
(Name of Limited Liability	Company)	
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for	
Please return all correspondence concerning this matter	to:	
OLIVIER SUREAU	. <b>≪ *~</b>	
(Contact Person)	T ASS S	
JADE ASSOCIATES LLC	10V	
(Firm/Company)	SSE 8	
100 N BISCAYNE BLVD #500	TOF STATE SEE, FLORID	
(Address)		
MIAMI, FL 33132		
(City/State and Zip Code)		
For further information concerning this matter, please ca	11:	
OLIVIER SUREAU at 305	, 579-0220	
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for:  \$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 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

	limited liability company	as it appears on the records of th	=
	ility company was organiz	ed under the laws of:	ZELI NOV 18 P
3. The Florida doci		of this limited liability company	FLORIDA is:
4. I, ANTHONY	ALLOUCHE	, hereby resign as a MA	NAGER
•		the limited liability company has	(Print Title) s been notified of my
Signature of Res	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		