1200099557

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

TO: Registration Section Division of Corporations			
SUBJECT: 101 group 1 llc			
(Name of Lim	ited Liability Co	ompany)	;
The enclosed member, managing member or filing.	manager resi	gnation and fee(s) are submitted for
Please return all correspondence concerning	this matter to	:	
shlomo melloul			
(Contact Person)	<u> </u>	—	
101 group 1llc			DE 1
(Firm/Company)			
1210 stirling rd 7b		_	
(Address)	<u>-</u> . ·	_	
dania fl 33004		_	
(City/State and Zip Code)		_	
For further information concerning this matter	r, please call:		
shlomo melloul	_{at} 954	,920550	0
(Name of Contact Person)	(Area Code	& Daytime Telep	phone Number)
Enclosed please find a check made payable to		Department of St \$55 Filing Fee & Certified Cop	
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING AD Registration Se Division of Cor	ction
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Flo	irida 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

	e limited liability company a 1 group 1 llc	s it appears on the records of	the Florida Department
2. This limited lial florida	oility company was organize	d under the laws of:	
3. The Florida doc L12000099	-	of this limited liability compar	ıy is:
4. I, LLAM TRU		, hereby resign as a Sec	cretary/member
•	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wi		e timited liability company h	as been notified of my
Signature of Resi	igning Member, Managing M	fember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		13 AUG 12 SECRETARY TALLAHASS