L00000008989

(Re	equestor's Name)		
(Ad	ldress)		
, (Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		DB	

Office Use Only



500103515135

05/31/07--01017--011 **25.00

07 MAY 31 AM II: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Louisia La (Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Marc Brodenbach (Contact Person) Lowsiana LLC (Firm/Company)	O7 MAY 31 SECRETARY TALLAHASSE
3000-3 NW 25th Ave (Address)	AH II: 39 E. FLORIDA
Paupano Beach Fl 33	3069
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lim	nited liability company as it appears on the records of the Flor	i zla cDe	partm	ent
of State is:	ovisiana LLC	CS.	<u> </u>	carrier [
	y company was organized under the laws of:	HASSEE, FLORIDA	1 31 AM 11: 39	
3. The Florida docum	ent/registration number of this limited liability company is:	12		
L00000	008989			
4. I, Print Nam	ours Tolede, hereby resign as a Person Resigning) (Printers	ride nt Title)	4	_
of this limited liabili resignation in writin	ity company and affirm the limited liability company has been ng.	ı notifie	ed of r	ny
Signature of Resign	ing Member, Managing Member or Manager			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (5/06)