

L01000010861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

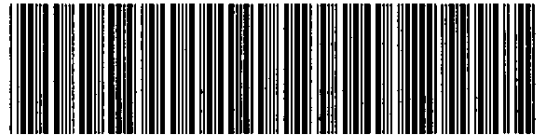
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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 24 AM 10:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURLI BUSINESS, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA R. KOROLYZEN
(Contact Person)

(Firm/Company)

19548 S WHITE WATER AVENUE
(Address)

WESTON, FLORIDA 33332
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA R. KOROLYZEN at (954) 709-3182
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

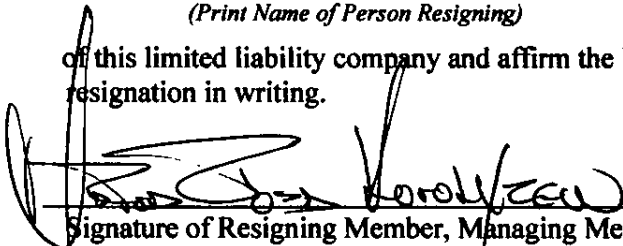
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TURLI BUSINESS, LLC

2. This limited liability company was organized under the laws of: FLORIDA

3. The Florida document/registration number of this limited liability company is: L01000010861

4. I, MARIA R. KOROLYZEN, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 21 AM 10:45

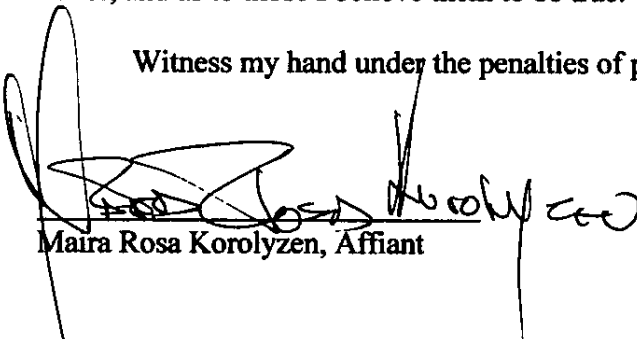
AFFIDAVIT

BE IT ACKNOWLEDGED, that Maira Rosa Korolyzen of Weston, Florida, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

1. That I was a Manager for Turli Business, LLC from February 2009 to August 2009.
2. That because of differences with Manager Walter G. Turli, I have abandoned his business and desire to be removed from the corporation.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 19th day of November, 2009.


Maira Rosa Korolyzen, Affiant

STATE OF FLORIDA }
COUNTY OF BROWARD }

Sworn and subscribed before me this 19th day of November, 2009, personally appeared Maira Rosa Korolyzen.


Notary Public

