

**LO1000011435**

Requestor's Name  
 350 Lincoln Road, Ste 305  
 Address  
 Miami Beach, FL 33139  
 City/State/Zip Phone #

4/29 Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. LO1-11435 LLC Mgr Resignation  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name)
4. \_\_\_\_\_  
 (Corporation Name)

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 \*\*\*\*\*25.00 \*\*\*\*\*25.00

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
 02 APR 29 PM 5:06  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Examiner's Initials	
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## RESIGNATION

I, Sergio Coniglio, HEREBY render my resignation as Operating Manager Sergio Coniglio of Aruba LLC, to take effect at the conclusion of the meeting of the Board of Director, at which this resignation is accepted date: April 10, 2002.

Sergio Coniglio  
D.L. # C 524-766

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

02 APR 29 PM 5:06

FILED

SWORN TO AND SUBSCRIBED BEFORE ME, A Notary Public on this day April year of 2002.

STATE OF FLORIDA  
COUNTY OF DADE

Coral Barrientos  
Signature of Notary Public

