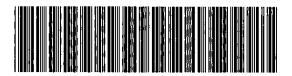
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(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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FILED 07 OCT 22 AM 10: 39 SECRETARY OF STATE TAILAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	,		
SUBJECT: Moni- Name of Limit	ed Liability Company)		
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning the	his matter to:		
(Contact Person)			
(Contact Person)	•		
Mon - bolding	Ua.		
(Firm/Company)			
10032 P-1/ Rd			
Coop City/State and Zip Code)	333 Zy		
For further information concerning this matter	r, please call:		
(Name of Contact Person)	at (954) 252 - 9567 - (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 of State is:	limited liability co	ompany as it app	ears on the records	of the Florida Department
2. This limited liab	ility company was	organized under	the laws of:	
3. The Florida docu	ument/registration	number of this li	mited liability com	pany is:
4. I, Mark (Print N	ame of Person Resign		hereby resign as a _	MGRM. (Print Title)
of this limited lial resignation in wr		d affirm the limit	ed liability compan	y has been notified of my
Signature of Res	gning Member, M	lanaging Membe	r or Manager	
	\$25.00 (Requi	•		
Certified Copy:	\$30.00 (Option	iiai <i>j</i>		