L02000005029

(Re	equestor's Name)	·
- (Ac	ldress)	•
(Ac	ldress)	_
(Ci	ty/State/Zip/Phone	()
PICK-UP	WAIT	MAIL
. (Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
Resign		
v	Office Lice Only	



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10/18/06--01016--026 **25.00

06 OCT 18 PM 1: 15
SECRETARY OF STATE
AHASSFE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Sobono Forms LLC. (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing				
Please return all correspondence concerning this matter to the following:				
German Cano				
Sabana Forms, LLC.				
9600 NW 25 5+ #6D				
(Address) FL 33177 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (305) 477 4495 (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
CR2E079 (8/05) S25 Filing Fee Craffied Copy				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

*RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

Bernardo	Gomez	_, hereby resign as	Mariager		
orodece 10	Farma	LLC-	(Title)		
	(Limited Liability	y Cerepany)			
a limited liability company organized under the laws of the State of _ Florida					
and affirm that the limited liability company has been notified in writing of the resignation.					
	10	1 1			
	XIIIIIIII				
(Signatury)	if resigning manager, n	nanaging member	or member)		

FILING FEE IS \$25.00

Make chocks payable to Florida Department of Scale and mail to:
Division of Corporation:
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)