# 10200000 9015

(Re	questor's Name)	
(Ad	dress)	
•		
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
—	_	<del></del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to l	Filing Officer:	
Opeoidi ilioadoadiio io .	Thing Ontool.	
•		,
		1,51
		V



300075445853

05/31/06--01006--023 \*\*75.00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CR2E079 (8/05)

• • •
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:
ALBERTO PEREZ.  (Name of Person)  NEW AGE KARATE, LLC  (Firm/Company)  14271 S.W. 36 St  (Address)  Hiami FL 33175.
(City/State and Zip Code)
For further information concerning this matter, please call:
ALBERTO PEREZ at (305) 2209934 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$ Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, YOLANDA RO	DAS. hereby re	esign as <u>Hanaging</u>	Member:
of_ New AGE KA		(Title)	,
	(Limited Liability Company)	<u></u>	,
a limited liability company organized	l under the laws of the Sta	ite of FLORIDA	, 
and affirm that the limited liability co	ompany has been notified	in writing of the resignation	100
		Ę	强烈 国
(Signature of resign	ng mangger, managing m	ember or member)	PH 12: Of
			SEE S

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314