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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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4. BRYAN FEB 1 4 2007.

COVER LETTER

Division of Corporations SUBJECT: Touchpoint Centers International 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: Gustavo J. Lamelas (Contact Person) Lamelas & Carballo, P.A. (Firm/Company) 806 Douglas Road, Suite 625 (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Gustavo J. Lamelas (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **✓** \$55 Filing Fee & \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



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 uchPoint Centers Inte	it appears on the	records o	of the Florida D	epartment 6
of State is:		·			دع
2. This limited liab	ility company was organized	l under the laws o	of:		PH 1:36
3. The Florida doc L0200001	ument/registration number o	f this limited liabi	lity com	oany is:	
_{4. I.} Paul Siska	1	, hereby resi	gn as a	Managing M	/lember
	ame of Person Resigning)		_	(Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability	company	y has been notif	ied of my
	h				
Signature of	gning Member, Managing N	fember or Manag	er		
Filing Fee:	\$25.00 (Required)				•
Certified Copy:	\$30.00 (Optional)				