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(Requestor's Name)				
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(Cit	y/State/Zip/Phon	e #)		
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☐ PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				
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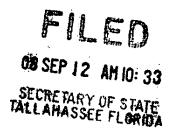
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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: Mona Lisa Holding, LLC		
	Limited Liability Co	ompany)
The enclosed member, managing member filing.	or manager resi	gnation and fee(s) are submitted fo
Please return all correspondence concerni	ng this matter to	:
Bernard Guillem		
(Contact Person)	,	_
Mona Lisa Holding, LLC		
(Firm/Company)		- -
3919 Solymar Drive		
(Address)		
Sarasota, FL 34242		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call	:
Bernard Guillem	941 at (706-2418
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee Florida 32301		

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as in a Lisa Holding, LLC	it appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L0200002531			
4. I,Rosalia Soro	e	, hereby resign as a _	Manager
	ame of Person Resigning)	,	(Print Title)
resignation in wr	bility company and affirm the	e limited liability compan	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		