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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMERGED ASSURED, LTD.,CO (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:	
KAYE FARQUHARSON	
(Contact Person)	
EMERGED ASSURED, LTD., CO. (Firm/Company)	
LLA LLA CONTRACTOR OF THE CONT	, 62
18301 NW 2nd COURT (Address)	ta:
MIAMI, FLORIDA 33169 (City/State and Zip Code)	
9. 7. 9.	
For further information concerning this matter, please call:	
KAYE FARQUHARSON at (305) 655-3156	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum}\$\$ \$25 \text{ Filing Fee} \$\sum_{\sum}\$\$ \$55 \text{ Filing Fee & } \$\sum_{\sum}\$\$\$	
Certified Copy	
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	
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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i		of the Florid	la Depart	ment
2. This limited liabil FLORIDA	ity company was organized	under the laws of:	TE MADDE	O7 JUL 12 SECRETARY	
3. The Florida document L0200002	nent/registration number of	this limited liability con	npany is: FLORIDA	PM 2: 19 Of STATE	
4. I, BORIS DA	ALLAS me of Person Resigning)	, hereby resign as a	MANAG (Print	ER Title)	
,	ility company and affirm the	limited liability compar	ny has been r	notified o	f my
Mala					
Signature of Resig	ning Member, Managing Me	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	· .			