LD2000032342

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



200226982682

04/05/12--01022--001 **600.00

12 APR-5 PM 1: 04
SECRETARY OF STATE
ALL ANASSEE FLORID

D. BRUCE APR 0 6 2012

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Eine Copans L.L.C (Name of Limited Liability Con	npany)			
The enclosed member, managing member or manager resig filing.	nation and fee(s) are subr	nitted fo	or	
Please return all correspondence concerning this matter to:				
(Contact Person)				
(Contact Person)	-			
tire Gpans L.L.C. (Firm/Company)				
(Firm/Company)	-		<u>ب</u> يــ	
P.O. Box 218	•		2 APR -5	-41
(Address)	-	IAS RAI	រ ខា	-
Bour laton fl 33429	_			
(City/State and Zip Code)		101 VIS	1:01	
For further information concerning this matter, please call:			-	
Mark Spillano at (56)	368-0008			
(Name of Contact Person) (Area Code	& Daytime Telephone Num	iber)		
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$	Department of State for: 55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 3233	1 <i>4</i>		
Tallahassee, Florida 32301	Tananassee, Fiorida 323	14		

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		ears on the rec	cords of the	Florida De	partme	nt
	lity company was organiz		r the laws of:				
	ment/registration number 032342	of this li	imited liability	y company i	s:		
4. I, Westo (Print N	ame of Person Resigning)	, [hereby resign	as a Offi	eve W4n (Print Title)	Sayor	
of this limited liab resignation in wri	oility company and affirm ting.	the limit	ed liability co	mpany has	been notifie	ed of m	у
Signature of Resi	gning Member, Managing	, Membei	r or Manager		F.		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				LLAHASSEE, FLORI	12 APR - 5 陽 1: C	TIME

CR2E079 (5/06)