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2007 OCT -8 AH IO: 39
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Amerigo L (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	nnager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
John Rizzotti (Contact Person)	
Americo	
(Firm/Company) PO GAD (Address)	3
(Address) Ocean Acres FO (City/State and Zip Code)	
For further information concerning this matter,	please call:
Name of Contact Person)	(<u>561</u>) <u>307 - 8766</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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	it appears on the records of	the Florida Department
	Amerigo LL	* -	•
2. This limited liab	ility company was organized		
	ument/registration number of		ny is:
	a Negretti Jame of Person Resigning) bility company and affirm the		
_	gning Member, Managing M	nuela Negretti, ember or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		2007 OCT -8 A SECRETARY O TALLAHASSEE.

CR2E079 (5/06)