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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1HAY 11 PM 2:

COVER LETTER

_	tration Section ion of Corpora	•	,	
SUBJECT:	LARR	GROUP (Name of Limi	ted Liability Con	npany)
The enclosed filing.	l member, man		_	nation and fee(s) are submitted for
Please return	all correspond	ence concerning	this matter to:	
RUB	EN BET	ztran ct Person)		- ,
	(Conta	ct Person)		
LARR	L GROU (Firm/	P, LLC		-
		CIE HWY	.,#136	<u>2</u>
MIDM	(City/State	33156 and Zip Code)		-
For further in	nformation con	cerning this matte	er, please call:	
RUBEN	ame of Contact	Person)	at (305 (Area Code	257-3755 & Daytime Telephone Number)
Enclosed ple	ase find a chec \$25 Filing		⊠ ^s	Department of State for: \$55 Filing Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations			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 i	t appears on the records	of the Florida Department
of State is:	ARR GROUP	LLC	·
2. This limited liab	ility company was organized t	under the laws of:	
3. The Florida docu	ment/registration number of t	this limited liability com	pany is:
L0300	0006274	<u> </u>	
4. I, ALICIC	PINA ame of Person Resigning)	, hereby resign as a	MGRM
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability compan	y has been notified of my
ARU	Pius		•
Signature of Resi	gning Member, Managing Me	ember or Manager	
	\$25.00 (Required) \$30.00 (Optional) —		2007 HAY II PH SECRETARY OF STALLAHASSEE, FL

CR2E079 (5/06)