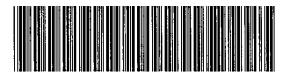
#L03000017264

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	> #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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,			

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SEURE (ARY OF STATE
ALL AHASSEE, FLORIDA

K. SALY EXAMINER

AUG - 9 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RALPH RUGO, LLC

(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:

(Contact Person) (Firm/Company) 18298 SUNSET BLVD

REDINGTON SHORES FL 33708

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY ANTONIOUS	$_{at}$	6392955
(Name of Contact Person)	(Area Code &	d Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

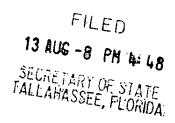
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

	limited liability company as LPH RUGO, LLC	it appears on the records of the Florida Department
	cility company was organized EPARTMENT OF STAT	
	ument/registration number of L03000017264	this limited liability company is:
4. I, TONY ANTONIOUS (Print Name of Person Resigning)		, hereby resign as a MANAGER (Print Title)
of this limited lia resignation in wr	·	limited liability company has been notified of my
Signature of Res	igning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	