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(Requ	iestor's Name)	
(Address)		
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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Name of Limited I	Ciapility Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	mber or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matt	ter to the following:
Radel Bad; (Name of Person)	1/9
(Firm/Company)	
751 N.E. 75.	SI. 3313 2
(City State and Zip/Code)	<u> </u>
For further information concerning this matter, please	e call:
Rachel Bad; 16 at (Name of Person)	(305) 758-4745 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
125 Filing Fee	☐\$55 Filing Fee & Certified Copy
CD2E070 (9/05)	* *



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Barlel Badilla, hereby resign as Sea / Toras
of Producahia pas LLC, (Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
Rodel 1
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SEUNLIANY OF STATE