L03000031808

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

APR - 9 2008

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tsetse, LLC	: : - 1
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resignifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	₹
Cindy Bush	
(Contact Person)	SECRETARY OF STATE OF
(Firm/Company)	A 8 00
6331 Memorial Highway	DA JO
(Address)	
Tampa, FL 33615	į
(City/State and Zip Code)	1
For further information concerning this matter, please call	
Cindy Bush at (813 (Area Code	884-3091 x307
Enclosed please find a check made payable to the Florida l	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (5/06)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 li	mited liability company as it se, LLC	appears on the records of	of the Florida Department
2. This limited liabili Florida	ty company was organized u	nder the laws of:	
3. The Florida docum L030000318	nent/registration number of the	nis limited liability comp	Pany is APR -
4. I, Panos Vasi	oudes ne of Person Resigning)	, hereby resign as a _	MGRN (Print Title)
	lity company and affirm the	limited liability company	
Signature of Resign	ning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		