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PICK-UP	☐ WAIT	Пман
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(B)	usiness Entity Name)
,		, ,
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Certified Copies	Certificates of	f Status
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Special Instructions to Filing Officer:

L. SELLERS

JUN - 6 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hot Scooter Restals (Name of Limited Liability Compan	
The enclosed member, managing member or manager resignati	on and fee(s) are submitted for
filing.	
Please return all correspondence concerning this matter to:	•
Giuseppe Urso	
(Contact i cison)	•
Hot Scoofer Rentals, UC	
4800 W. Park rd.	
(Address)	
Hollywood Fl 33021 (City/State and Zip Code)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Cabriella Urso of Gioseppe Criso (Name of Contact Person) (Area Code & E	394-8627
(Name of Contact Person) (Area Code & D	Paytime Telephone Number)
Enclosed please find a check made payable to the Florida Dépa	
	AILING ADDRESS:
•	gistration Section vision of Corporations
). Box 6327
2661 Executive Center Circle Tal	lahassee, Florida 32314
Tallahassee, Florida 32301	

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	nt
of State is: +lot scooter rentals, L.L.C.	
2. This limited liability company was organized under the laws of:	
<u>+ 101704</u>	
3. The Florida document/registration number of this limited liability company is:	
4. I, Gasiella Orso, hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)	-
of this limited liability company and affirm the limited liability company has been notified of n resignation in writing.	ıy
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
1	

CR2E079 (5/06)

ZION JUN -5 PM 2: 41
SECRETARY OF STATE