

L0400000/332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

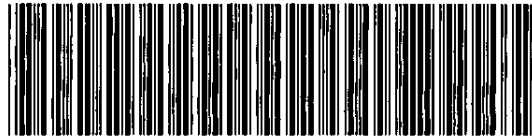
(Document Number)

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MAY - 9 2008
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2008 MAY -7 P 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIGER'S TEXTURE 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:

ROMMEL OSORIO
(Contact Person)

TIGER'S TEXTURE LLC
(Firm/Company)

696 EAGLE POINTE SOUTH
(Address)

KISSIMMEE, FL 34746
(City/State and Zip Code)

2009 MAY -1 P 2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ROMMEL OSORIO at (407) 361-3485
(Name of Contact Person) (Area Code & 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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

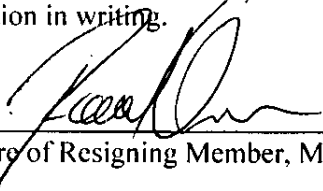
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TIGER'S TEXTURE LLC

2. This limited liability company was organized under the laws of: FLORIDA

3. The Florida document/registration number of this limited liability company is: L04000001332

4. I, ROMMEL OSORIO, hereby resign as a VICEPRESIDENT
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2008 MAY -1 P 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA