# 4000011022

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	<i>,</i>	

Office Use Only



300080858443

10/20/06--01013--015 \*\*55.00



# **COVER LETTER**

Division of Corporations			
SUBJECT: Manchester, LLC #L04000	011022 ited Liability Company)	-	
Dear Sir or Madam:	• • •		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for	r filing	g.
Please return all correspondence concerning this	matter to the following:		
			ن ن
(Name of Person)		2006 OCT 20	SIAI
Bencic Corp.		29	문동
(Firm/Company)	<del></del>	72	SECRETARY OF STAIL DIVISION OF COMPUNATIONS
		3	릙
399 Sailfish Isle	<u>.</u>	بد	STA ATS
(Address)		<del>:</del> 53	HOH TE
Foster City, Ca, 94404		ω	^
(City/State and Zip Code)	<del></del>		
For further information concerning this matter, pl	lease call:		
Tom Halpin	at ( 650 ) 742 6490	_	
(Name of Person)	(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:			
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy		



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Bencic Corp , he	reby resign as MGRM
,	(Title)
of Manchester LLC	
(Limited Liability Co	npany)
a limited liability company organized under the laws of	the State of Florida ,
(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