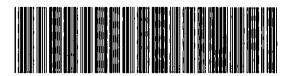
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(Re	equestor's Name)	····		
(Address)				
•				
(Address)				
* .	·			
, (Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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O9 MAY 19 PM 12: 14
SECRETARY OF STATE

D. BRUCE

MAY 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONCE LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and filling.	
Please return all correspondence concerning this matter to:	
OKSANA HEVESY (Contact Person)	
ONCE LL C (Firm/Company)	1
12808 Eaglos Entry Dr. (Address)	PILED 09 MAY 19 PM 12: 14 SECRETARY OF STATE FALLAHASSEE. FLORID.
ODESS 4 FL 33556 (City/State and Zip Code)	9 PHIZ: IL
For further information concerning this matter, please call:	: I 4 TATE ORIDA
OKSANA HEVESY at (813) 6/0 - (Name of Contact Person) (Area Code & Daytime T	- 6022 Telephone Number)
Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee Certified	of State for: ee & Copy
Registration SectionRegistrationDivision of CorporationsDivision ofClifton BuildingP.O. Box 63	Corporations

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	• •	-
2. This limited liab	ility company was organized	l under the laws of:	
FL	ORIDA	·	
	ument/registration number of	• •	pany is:
	T. HEVESY Jame of Person Resigning)		MANAGING Hemboa (Prini Tide)
resignation in wr	\$5. Hu	n.	has been notified of my
Signature of Res	igning Member, Managing M	dember of Manager	4
_	\$25.00 (Required) \$30.00 (Optional)		O9 MAY 19 SECRETARY FALLAHASSE

CR2E079 (5/06)