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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: // / / / / (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:
General Bourave (Contact Person)
A+A A-lany Systems, Inc (Firm/Company)
11810 Rose lawn Ave
Seffnen, FL 33584 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (8/3) 66/-8262 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 a	s it appears on the records of	•
	ility company was organize		
_	ument/registration number of	•	pany is:
of this limited lia	A Bourque Jame of Person Resigning) bility company and affirm t		(Print 111le)
resignation in wr	iting.	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		09 JUN 60

DIVISION OF CORPORATIONS

CR2E079 (5/06)