(Requestor's Name)
(Address)
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G. MCLEOD EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
Scheet:	n LLC
(Name of Limited	l Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	s matter to:
DANITIA AMAS	HTA
(Contact Person)	
(Firm/Company)	
1369 FILBERTST #4	1
(Address)	
SF. CA. 941	109
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Danter Amasum .	1415, 931-2541
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 li	mited liability company as it ap	pears on the records of	f the Florida De	partme	ent –
	ity company was organized und	er the laws of:			
3. The Florida docum	nent/registration number of this		any is:		
(Print Nat	TZA AMASHTA ne of Person Resigning) lity company and affirm the liming.		(Print Title)		
T) Mil.	ning Member, Managing Memb	per or Manager	· ·		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		, - - -	THE STANTED	DIVISION OF CORPO

CR2E079 (5/06)