L04000024493

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
1							
(Bus	siness Entity Nar	ne)					
(Doc	cument Number)						
Certified Copies	Certificates	s of Status					
Cu adal landa di un tar	22 . 045-						
Special Instructions to Filing Officer:							



000091519860

03/12/07--01037--013 **25.00

FILED

O7 MAR 12 AM 11: 01

SECRETARY OF STATE

ATTACASSES ET ORION

Office Use Only

COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJI	ECT:	ECT: Sweet Samantha's LLC				
		(Name of Limited Lia	bility Co	mpany)		
The enfiling.	closed	l member, managing member or manag	ger resiş	gnation and fee(s) are submitted for		
Please	return	all correspondence concerning this ma	atter to:			
Ron	Posi	ner				
		(Contact Person)		- ,		
		(Firm/Company)	<u>-</u>	_		
1049	Boo	a Cove Lane				
		(Address)				
High	land	Beach, FL 33487				
	· • • • • • • • • • • • • • • • • • • •	(City/State and Zip Code)				
For fur	ther in	oformation concerning this matter, plea	se call:			
		4				
Steve	en G	elerman <u>at (</u>	781	964-2226		
	(N	ame of Contact Person) (Ar	rea Code	& Daytime Telephone Number)		
Enclos	ed ple	ase find a check made payable to the F	lorida I	Department of State for:		
	• ,	\$25 Filing Fee		\$55 Filing Fee &		
			<u></u>	Certified Copy		
STRE	ET/C	DURIER ADDRESS:		MAILING ADDRESS:		
Registr	ration	Section		Registration Section		
Divisio	on of C	Corporations		Division of Corporations		
Clifton				P.O. Box 6327		
		ve Center Circle		Tallahassee, Florida 32314		
Tallaha	assee,	Florida 32301				

CR2E079 (5/06)



FILED

O7 MAR 12 AM 11: 01

SECRE LAKE OF STATE TALLAHASSEE, FLORIDA

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 eet Samantha's LLC	it appears on the records	of the Florida Department	
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc L04000024	ument/registration number of 1493	this limited liability com	pany is:	
4. I, Ronald C Posner (Print Name of Person Resigning)		, hereby resign as a Manager		
			(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of my	
Signature of Res	gning Member, Managing M	fember or Manager	-	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			