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ECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HEDDY 2 Design (Name of Limited Liability Control of Liabi	DS, LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or	Manager and fee(s) are submitted for filing,
Please return all correspondence concerning this matter to the	following:
Jim D. Shumake, P.A. (Name of Person)	.
1 Jim D. Shumake, P.A. (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
900 64 Ave. S., Ste. 20 (Address)	PH 1:25
Naples, FL. 34102 (City/State and Zip Code)	_ _
For further information concerning this matter, please call:	
Jim D. Shumake at (23°) (Name of Person) (Area Co	1 Le 43 - 58 5 8 ode & 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:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MONICA T. VIDLAK, hereby resign as PARTNER MEHR	ZER
of	_,
a limited liability company organized under the laws of the State of Freking	_
and affirm that the limited liability company has been notified in writing of the resignation.	
Monion D. Vidal	
(Signature of resigning manager, managing member or member)	دسع

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