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(Re	equestor's Name)	······································
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(Cir	ty/State/Zip/Phone	<u>, #)</u>
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	_
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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2009 SEP - 4 AM IO: 50

T. CLINE

SEP - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Osh LLC (Name of Limited Liability Con	npany)		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are subm	nitted for	
Please return all correspondence concerning this matter to:			
QUHN BORSA (Contact Person)			
(Contact Person)	-		
GOSH, LCC (Firm/Company)			
(Firm/Company)	-	F. 2	
6917 SW115 PCACL,	. HA	SERVE IN SERVE IN SERVE IN	غسبر أ أ
(Address)	-	STORY -	त्य । १
MIAMI, FC 33173 (City/State and Zip Code)	• -	AM ID: 50 P STAIR REE, FLORID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(City/State and Zip Code)		2 S	
For further information concerning this matter, please call:		F	
John Bollsh at (3.65) (Name of Contact Person) (Area Code	, 888-190	4	
(Name of Contact Person) (Area Code	& Daytime Telephone Numb	per)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 055 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 3231	4	

CR2E079 (5/06)

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 of State is:	limited liability company as it appears on the records of the Flor	rida Departmen	ıt
2. This limited liab	ility company was organized under the laws of:	2009 SEP -L SEEPL TAR TABLEAHAST	 !
3. The Florida docu <u>LO 400</u>	ment/registration number of this limited liability company is:	AM ID-5	
4. 1, SHULY		nt Title)	•
of this limited lial resignation in wri	pility company and affirm the limited liability company has been ting.	notified of my	•
Signature of Resi	gning Member, Managing Member or Manager		
orginate of Rosi	ening monoci, managing monoci or manager		
—	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		