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(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IĻ
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Certificates of Status	
Special Instructions to Filing Officer:	
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FILED 2009 HAY II AM II: 45 SECRETARY OF STATE TALLAHASSEE, FLORID;

M. THOMAS MAY 12 2009 EXAMINETE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LARANN, LLC	
(Name of Limited Liability Com	npany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
LARRY FINKELSTEIN	_
(Contact Person)	700
LARANN, LLC	2009 HAY 11 AM 11: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Firm/Company)	
114 N. FEDERAL HIGHWAY, SUITE 202	EFF OF
(Address)	108 F
BOYNTON BEACH, FL 33435	<u> </u>
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
LARRY FINKELSTEIN at (561	736-9790
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida E	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i wiidiidisee, i loilda ozoli

CR2E079 (5/06) __



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 limited liability company as it appears on the records of the Flo of State is: LARANN, LLC	orida Department
2. This limited liability company was organized under the laws of: FLORIDA	2009 HAY
3. The Florida document/registration number of this limited liability company is: L0400034455	2009 HAY 11 AM 11: 45 SECRETARY OF STATE TALLAHASSEE, FLORES TALLAHASSEE, FLORES
4. I, ANNA BILLINGSLEY-FINKELSTEIN, hereby resign as a MANAGE (Print Name of Person Resigning) (Print Name of Person Resigning)	GERST 5
of this limited liability company and affirm the limited liability company has been resignation in writing.	n notified of my
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)