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	(Address)			
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(City/State/Zip/Phone #)				
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### **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: L4 M DISTRIBUT (Name of Limited Liability Com	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Ma	anager and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
(Name of Person)	-
L+M DISTRIBUTING, (Firm/Company)	uc
747 BASSETT DAIRY RD.	ZUS OCI SECRETA TALLAHA
MONTICELLO (FC 32344 (City/State and Zip Code)	31 P :
For further information concerning this matter, please call:	3 32
(Name of Person) at (850 (Area Code	997-6000 #1018 & 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

S55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

CR2E079 (8/05)

Date: 01/01/2005

To: Lee Ann Newton / L&M Distributing

From: Mark Aurelio Deida

Ref: Resignation

Dear Lee Ann,

Please be aware that I will be resigning my position as Managing Partner from L&M Distributing, LLC effective January 1<sup>st</sup>, 2005.

Thank You

Mark A. Deida

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR $\overline{M}$ ANAGER

I, MARK A. DELDA	, hereby resign as <u>MANAGING ME</u> MBER (Title)
of L+ M DISTRIBUTING (Limited Liability	
a limited liability company organized under the law	s of the State of FLORIDA,
and affirm that the limited liability company has been also as a second of the limited liability company has a second of the limited liability company has bee	<del></del>

#### 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