# L04000044362

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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## TRANSMITTAL LETTER

T	O: Registration S Division of Co			•		
s	uвјест: <b>√</b>	Manchester M (Name of Lie	anggenent, 210			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:						
•	louse return un sonies		Name of Person)	<u>.</u>		
		Zamanello F	Professional Masc	IAL APR	****	
		555 Horon Bei	(Address)  (Address)  (State and Zip Code)	ASSEE FLC		
		Coal Springs	State and Zip Code)	03 VRID		
Ì	For further information	n concerning this matter, please of	call:			
	Stev	(Name of Person)	at ( 954) (00 (Area Code & Daytin	ne Telephone Number)		
]	Enclosed is a check for t	he following amount:				
ſ	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Status & Certified Copy		

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### **MAILING ADDRESS:**

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

05 APR 11 AM 9: 05

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314