# L040000 46186

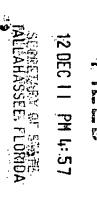
(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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B. BOSTICK
DEC 1 2 2012

**EXAMINER** 

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DOSSE SERVICES LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

#### MARICELL E CABELLO

(Contact Person)

#### **BEST ACCOUNTING & TAX SERVICES**

(Firm/Company)

#### 979 NW 126 PATH

(Address)

#### **MAIMI FL 33182**

(City/State and Zip Code)

For further information concerning this matter, please call:

MARICELL E CABELLO

<sub>(</sub>305)

310-0980

(Name of Contact Person)

(Area Code & Daytime Telephone Nurther)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

#### 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

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as a	it appears on the records	of the Florida Dep	artment
2. This limited liab	lity company was organized	under the laws of:		
	ment/registration number of 00046186	this limited liability con	npany is:	
(Print No	ame of Person Resigning)  oility company and affirm the	hereby resign as a hereby resign as a hereby resign as a	(Print Title)	d of my
Signature of Resi SELVIN PAZ Filing Fee:	sang Member, Managing M DATE: 11 - 2  \$25.00 (Required) \$30.00 (Optional)		MELAHASSEE, FRORM	12 DEC 11 PM 4:5