## L04000057194

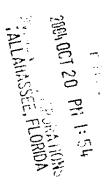
RODRIGUEZ FAMILY 7214 N ROME AVE TAMPA, FL 33604 (Addiess		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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10/20/04--01087--003 \*\*25.00



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Yoandry Rodriguez	, hereby resign as Managing Member
	(Title)
of RODRIGUE	Z FAMILY ENTERPRISES, LLC
(Limite	ed Liability Company)
a limited liability company organized unde	r the laws of the State of Florida
and affirm that the limited liability compan	y has been notified in writing of the resignation.
(Signature of resigning ma	Rodrigues anager, managing nember or member)

## 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