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SECRETARY OF STATE
ASSEE, FLORIDA

J. BRYAN
FEB 1 7 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jeunefusion, LLC	V.
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Robert DEAN Langdon	
(Contact Person)	
Jeunefusion, LLC	99
(Firm/Company)	
Various since the time of my departure 6	09 FEB 16 PM 1: 26 SECRETARY OF STATE FALLAHASSEE. FLORID
(Address)	E PR
St Petersbrug, Fl 33704	LOFTA STA
(City/State and Zip Code)	
For further information concerning this matter, please of	all:
Robert D Langdon at (56	1 ₎ 4143326
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florie \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 compa	ıny as it ap	pears on the records	s of the Florid	a Departmen	t
	lity company was orga	unized unde	er the laws of:	:	09 FEB 16 I	TIC
	ment/registration num 00051054	ber of this	limited liability cor	npany is:	PM 1:26 OF STATE EE. FLORIDA	C
4. I, Robert Dea	an Langdon ume of Person Resigning)		, hereby resign as a	President	l Title)	
of this limited liab resignation in wri	ility company and affi	<i>//</i>		,	•	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					