LD4000055167

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(City/State/Zip/Phone #)
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SECRETARY OF STALE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DANIELANDJUDITH, LLC (Name of Limited Liability Company))
The enclosed member, managing member or manager resignation filing.	on and fee(s) are submitted for .
Please return all correspondence concerning this matter to:	
SOMMER CAMPBELL (Contact Person)	
AT YOUR SERVICE TAX & ACCTING (Firm/Company)	
923 E KLOSTERMAN RD (Address)	
TARPON SPRINGS, FL 34689 (City/State and Zip Code)	
For further information concerning this matter, please call:	
	82-4233
(Name of Contact Person) (Area Code & Da	aytime Telephone Number)
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STREET/COURIER ADDRESS: MA	ILING ADDRESS:
· · ·	istration Section
·	ision of Corporations
	. Box 6327 lahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: DANIELANDJUDITH, LLC	ppears on the records of the Florida	Departm	nent
2. This limited liability company was organized une	der the laws of: 	08 DEC	SECRET DIVISION (
3. The Florida document/registration number of this L04000055167	s limited liability company is:	-5 PM 1:	ARY OF SW WRY OF SW
4. I. JUDITH NEHORAI	_, hereby resign as a MGR	0	
(Print Name of Person Resigning)	(Print T	itle)	-
of this limited liability company and affirm the lir resignation in writing.	nited liability company has been no	otified of	my
Signature of Resigning Member, Managing Mem	ber or Manager		

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)