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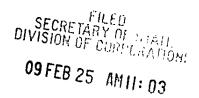
SECRETARY OF STATIONS
DIVISION OF CORLEGATIONS

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Taglia Enterprises		
	(Name of Limite	d Liability Con	npany)
The enclosed filing.	d member, managing member or m	anager resig	nation and fee(s) are submitted fo
Please return	n all correspondence concerning th	is matter to:	
Cheryl Ta	aglia		_
	(Contact Person)		
M	(Firm/Company)		-
3104 Hai	rrison Ave. #D24		_
Orlando,	(Address) FL 32804		
	(City/State and Zip Code)		•
For further i	nformation concerning this matter,	please call:	
Cheryl Ta			<u>417 5754</u>
()	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable to \$\sqrt{1}\$\$ \$25 Filing Fee		Department of State for: S55 Filing Fee & Certified Copy
STREET/C Registration	OURIER ADDRESS:		MAILING ADDRESS: Registration Section
_	Corporations		Division of Corporations
Clifton Build			P.O. Box 6327
	tive Center Circle 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 company as glia Enterprises	it appears on the records	of the Florida Department
2. This limited liat Florida	oility company was organized	l under the laws of:	
3. The Florida doc L0400005	ument/registration number o	f this limited liability con	npany is:
4. I, Cheryl Ta	glia Name of Person Resigning)	, hereby resign as a	Managing Member
	bility company and affirm th		
Signature of Res	Degling Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)		