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SEGRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXTENTERISE, (Name of Lim	LLC ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Heriberto A. Sharer (Name of Person)	
EXTENSIONES, LLC (Firm/Company)	
(Firm/Company)	- Projection of the Control of the C
1732 Sowth Congress Abeable &	But 184
(Address) Palke Spring, N. 3346-240 (City/State and Zip Code) For further information concerning this matter, p	TARY OF ST
	at (56) 236-069 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, Jask Wright hereby resign as Manager (Title)
of E+J ENTUPrises, LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of Florida.
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member) SECRETARY OF STATE OF S

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