

(Requ	uestor's Name)	
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(City/s	State/Zip/Phone	e #)
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SECRETARY OF STATE
ANASSEE, FLORIDA

J. BRYAN

FEB - 9 2011

EXAMINEP

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: THEE, UC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RJ LARIZZA
Name of Person
THE LLC
Firm/Company
SSAR & C
4255 US HWY 1 SOUTH, STE 18 #B-7
ST. AUGUSTINE, FL 320 %
REFERENCE OF THE PROPERTY OF T
City/State and Zip Code
rlarizza @ aug. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
R.J. LARIZZA at 386, 257-6000
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}\$



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		on the records of the Florida Department
of State is:	ITIET LUC	:
2. This limited liab	oility company was organized under the \A	laws of:
3. The Florida doc	ument/registration number of this limite	d liability company is:
4. I, ALEXAND (Print N	ERR. CHRISTINE JR, here	by resign as a MGRM (Print Title)
of this limited lia resignation in wr		ability company has been notified of my
Mull	Aulis	
Signature of Res	gning Member, Managing Member or I	Vlanager ALCR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	EB-8 PM ETARY OF S HASSEE, FL
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