# L0400059332

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	)
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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: American Corb	Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Mark ican CreBy Sut  (Firm/Company)  Color By Sut  (Firm/Company)  Color By Sut  (Firm/Company)  Color By Sut  (Firm/Company)  Color By Sut  (City/State and Zip Code)  For further information concerning this matter, please	429	
(Name of Person)	(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	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)		



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DARRY OURS 1572, hereby resign as MSR, MonBore
of Amoreian CureB + SUTTER LLC.
(Limited Liability Company)
a limited liability company organized under the laws of the State of Kozila
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

### 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

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