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SECRETARY OF STATE
ALCAHASSEE FLORIDA

D. BRUCE

APR 0 6 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>、</b>
SUBJECT: EV 30 (Name	of Limited Liability Company)
The enclosed member, managing mem filing.	ber or manager resignation and fee(s) are submitted for
Please return all correspondence conce	erning this matter to:
Usel D. Spillanso	
(Contact Person)	
EINE 1350, LLC	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
(Firm/Company)	
70. Box 2K	ASS TARE
(Address)	End of the state
Bas leton, FL	33429
(City/State and Zip Code	<b>P</b>
For further information concerning this	s matter, please call:
(Name of Contact Person)	at (56) 368-008 (Area Code & Daytime Telephone Number)
	•
\$25 Filing Fee	able to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 lin		appears on the records of the Flor	-	nent ·
2. This limited liabili	ty company was organized un	der the laws of:		
	nent/registration number of thi	s limited liability company is:		
•	ie of rerson Kesigning)	_, hereby resign as a Office (Prin	n intej –	<u>-</u>
of this limited liabil resignation in writing		mited liability company has been	notified of	my
Signature of Resign	ning Member, Managing Mem	ber or Manager	PALLAHAR PALLAHAR PALLAHAR	5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RY OF STATE SEE. FLORIBA	· I