1000001907

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Dosign		!
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SECRETARY OF SUFFLICTIONS

COVER LETTER

TO: Registration Section Division of Corporations	_
SUBJECT: A YH International (Name of Limited Liability Compa	
The enclosed member, managing member or manager resignatiling.	tion and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
AISBY Janes (Gontagle Person)	
(Gontact Person) (Film/Company)	·
10935 5W 174 TER (Address)	
MIAMI, FL. 33157 (City/State and Zip Code)	
For further information concerning this matter, please call:	
AISBY Vanes at 786 (Area Code &	242 4333
	•
'Enclosed please find a check made payable to the Florida Dep	partment of State for: 5 Filing Fee &
	Certified Copy
Registration Section R	IAILING ADDRESS: egistration Section
•	ivision of Corporations O. Box 6327
	allahassee, 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

1. The name of the of State is:	e limited liability company as 4YH Internatio	it appears on the records of the nat Investment,	Florida Department
2. This limited liab	oility company was organized	under the laws of:	
L04	1000061907	this limited liability company i	
4. I, <u>Orlan</u>	do I. Yanes Name of Person Resigning)	, hereby resign as a Hand	ager Hember (Frint Title)
	bility company and affirm the	e limited liability company has	been notified of my
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		0 : Si Vid

CR2E079 (5/06)