## L040000 62542

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		The internation of the state of		
		-		

Office Use Only



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## **COVER LETTER**

TO: Desistantian Continu	-
TO: Registration Section	
Division of Corporations	•
ALIDIT O DECOM	CHATIONICH
SUBJECT: AUDIT & RECONC	JILIA HONS LLC
(Name of L	imited Liability Company)
	· · · · · · · · · · · · · · · · · · ·
The enclosed member, managing member	or manager resignation and fee(s) are submitted for
filing.	
mus.	
Diago ratum all company and an accompany	andhia maddau tar
Please return all correspondence concerning	ig this matter to:
FERNANDO OXRUD	
(Contact Person)	
<b>AUDIT &amp; RECONCILIATIO</b>	NS. LLC
(Firm/Company)	
(Phite Company)	
2158 PASA VERDE LN	
(Address)	
(I miless)	
WESTON, FL 33327	
(City/State and Zip Code)	
(0.0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
For further information concerning this ma	itter, please call:
101111111111111111111111111111111111111	inter, produce durit.
FERNANDO OXRUD	at ( 786 ) 287 5515
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
(Frague of Contact Feloon)	(Titea Code & Dayanie Telephone Tumber)
Contact along find a short was a possible	to the Divide December of Costs Con
Enclosed please find a check made payable	
S25 Filing Fee	S55 Filing Fee &
	Certified Copy
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	
CR2E079 (5/06)	





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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L040000	ament/registration number of 62542	this limited liability comp	any is:
4. I, DANIEL	A OXRUD	, h <u>ore</u> by resign as a	MANAGER
(Print N	lame of Person Resigning)		(Print Title)
resignation in wr	( ) our le		has been notified of my
	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		