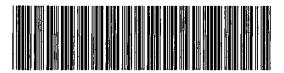
L04000016429

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Link, Marie)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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N. CHILDREN FEB - 5 2008

COVER LETTER

CR2E079 (5 06)

TO: Registration Section	
Division of Corporations	
•	
SUBJECT: REGOSA ENGINEERIN	GILLC
(Name of Limited	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
DRAGUISA GOMERO	
(Contact Person)	
REGOSA ENGINEERING I, LLC	
(Firm Company)	4
46 NW 36 STREET	····
(Address)	
MIAMI, FLORIDA 33127	
(City State and Zip Code)	
For further information concerning this matter,	please call:
DRAGUISA GOMERO	786 344-8780
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee &
▼] \$23 1 mig 1 cc	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 सामाकडच्ट, Fivilua 32314



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08 FEB 14 AM 11: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

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		of the Florida Department
of State is: RE	GOSA ENGINEERIN	G I, LLC	
2. This limited liab	vility company was organized	under the laws of:	
3. The Florida doc L04000070	ument/registration number of 6429	this limited liability comp	pany is:
4. I, GOMERO	-CUNE, WADI S	, hereby resign as a	MGRM
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of my
lu			
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		