L04000082421

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
1			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEMAMOTO, L.L.C. (Name of Limited Lia	bility Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
ARIE MREJEN, ESQ.	
(Contact Person)	
MREJEN BLINDERMAN, P.L.	
(Firm/Company)	
701 W CYPRESS CREEK RD., #302	
(Address)	
FT. LAUDERDALE, FL 33309	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
ARIE MREJEN at (954 771-4475
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Plorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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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

1. The name of the	limited liability company as it	appears on the records of the Florida Department
of State is: LE	MAMOTO, L.L.C.	
2. This limited liab	pility company was organized un	nder the laws of:
3. The Florida doc L04000083	ument/registration number of th	is limited liability company is:
4. I, GUILLERI	MO FREILE	_, hereby resign as a MANAGER & MEMBER
(Print N	lame of Person Resigning)	(Print Title)
		imited liability company has been notified of my
resignation in wr	iting.	
Signature of Res	gning Member, Managing Men	nber or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	