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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: CHAPE Maskerminas (Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margarita Boura Esq. (Name of Person)	
Law Office of Margarita Boura	
6701 Sunset Drive, Sk. 104	: :
SMiami PC 33143 (Chty/State and Zip Code)	0

For further information concerning this matter, please call:

Margarita DUIZO at 305 607 - 2474
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

CR2E079 (8/05) \$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Dar	riel Ve	rswyve!	_, hereby resign as	Manager
		terminds		(Title)
of	× 1/1007	(Limited Liabilit		<u></u>

a limited liability company organized under the laws of the State of HOVICA and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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