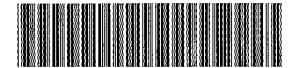
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRADEWINDS DELI LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to the following:	
Arnold Leavitt (Name of Person)	
(Firm/Company)	
555 NE 15 ST SUITE 102 (Address)	-
MIAMI FL 33132 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Arnold Leavitt at (305) 379-5119x20 (Name of Person) (Area Code & Daytime Telephone N	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAHLING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301	s
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

ɪ, Robert Bijur, her	reby resign as MGR
· · · · · · · · · · · · · · · · · · ·	(Tîtle)
of TRADEWINDS DELI LLC	
(Limited Liability Con	npany)
a limited liability company organized under the laws of	the State of Florida
and affirm that the limited liability company has been no	otified in writing of the resignation.
(Signature of resigning manager, manager)	ging member or member) SECRETART ALLAHASSE

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