L04000089393

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

Office Use Only



400102061634

05/10/07--01033--003 **25.00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 93 Degree, LLC (Name of Limited Liability C	ompany)
(Nume of Emined Elability C	ompary)
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Darlene T. Sparks	
(Contact Person)	
93 Degrees, LLC	0, 3
(Firm/Company)	
16821 NW 20th Avenue	_
(Address)	P
Miami Gardens, FL 33056	OT HAY 10 PH 1: 18
(City/State and Zip Code)	- ·
For further information concerning this matter, please cal	l:
Darlene T. Sparks at (_305	₎ 621-5366
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for:]\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 lim of State is: 93 De		it appears on the records of	<u> </u>
2. This limited liability Florida	company was organized	under the laws of:	OT MAY 10 PM 1: 18
3. The Florida docume L040008939	•	this limited liability compar	ny is: PH -: 18
4. I, LaTonya And	derson of Person Resigning)	, hereby resign as a M	
•	ty company and affirm the	e limited liability company h	· ·
Serry .	Aus		
Signature of Resigni	ng Member, Managing M	lember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		