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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GULLA GROUM (Name of Limited)	d Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	lember or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this ma	atter to the following:
TAYNES GULLA (Name of Person)	
(Name of Person)	
GULLA GROUP LLC (Firm/Company)	
(Firm/Company)	
9322 WESTOVER CLUB CIR.	
(Address)	
WINDERMERE FL 3478 (City/State and Zip Code)	6
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
JAYNE S. GULLA	16 407 235-0157
TAYNE S. GULLA at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, <u>Josep</u> a	t E. GULLA	, hereby resign as _	Make ing MEMBER (Title)
of	GULLA GROUP (Limited	LLC Liability Company)	
a limited liability	company organized under t	he laws of the State of <u>f</u>	FLORIDA
and affirm that the	e limited liability company	has been notified in writin	g of the resignation.
	X Joseph Shula		
(Signature of resigning man	ager, 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

SECRETARY OF STATE
DIVISION OF CORPORATION

OF OR ONLY

OF STATE

OF