## L05000006566

(Requestor's Name)	_
Florida hurricane Services 1502 35th Street Ste 300 Hando, FL. 32811	L
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
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Office Use Only



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05/31/05--01034--002 \*\*25.00

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SECULTARY SEEF FIORI

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	Victor Juskevicius	hereby resign as	MANAGER	
				(Title)
of	Florida	hurricane	Services	11c.
		(Limited Liabili		
a limi	ited liability company	organized under the law	vs of the State of	Florida
		liability company has be		
	7	ictor Just e of resigning manager, r	inicius	
	(Signature	e of resigning manager, r	nanaging member of	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