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(Requestor's Name) (Address)	300163693963
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/10/00
(Document Number) Certified Copies Certificates of Status	12/18/0901036007 **25.00
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	T. HAMPTON DEC 2 1 2009

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

ŝ,

(Name of Limited Lability Company) **SUBJECT:**

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:



For further information concerning this matter, please call:



Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee &

STREET/COURIER ADDRESS: Registration Section

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

Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

- 2. This limited liability company was organized under the laws of: State of Florida.
- 3. The Florida document/registration number of this limited liability company is:

 $() 5 () 0 0 0 1448 \varphi$ BRITO, hereby resign as a MGRM MANAGI <u>mem</u>s (Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) SEGRETARY OF STATE VISION OF CORPORATIONS 09 DEC 18 AN IT: 39

CR2E079 (5/06)