

WS000015782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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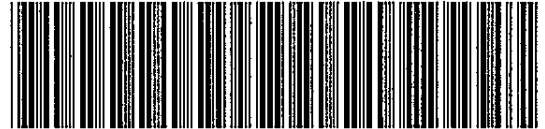
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LIFE SCREEN LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIAS S. RIBEIRO

(Name of Person)

NEW LIFE SCREEN LLC

(Firm/Company)

4973 CASONCOVE DR. APT. 511

(Address)

ORLANDO FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN D. TORO

(Name of Person)

at (407) 370-6445

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ELIAS SIMAS RIBEIRO, hereby resign as MANAGER MEMBER
(Title)
of NEW LIFE SCREEN^{services} LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,
and affirm that the limited liability company has been notified in writing of the resignation.

X Elias Simas Ribeiro
(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA

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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