L05000018174

(F	Requestor's Name)	
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(/	Address)	
(0	City/State/Zip/Phone #)
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Novo Mattresses LLC	
	.imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
Richard Ramos	. •
(Contact Person)	
Novo Mattresses LLC	
(Firm/Company)	
8960 SW 56 Terrace	
(Address)	
Miami, FL 33173	
(City/State and Zip Code)	·····
For further information concerning this m	atter, please call:
Richard Ramos	at (305) 205-8132
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	le to the Florida Department of State for:
√ \$25 Filing Fee	\$55 Filing Fee &
-	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	





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	limited liability company as	it appears on the records of	the Florida Department
of State is:	NOVA MATTRE	SSES LLC	
2. This limited liah Florida	ility company was organized	under the laws of:	
3. The Florida doc L05000018	ument/registration number of 3774	this limited liability compar	ny is:
_{4. I.} Javier E Barragan		, hereby resign as a M	GRM
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company l	nas been notified of my
Janick	acceangen		
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv	\$30.00 (Ontional)		