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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF OCT 14 PM 2: 00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LEYSIN, LLC (Name of Limited I	Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Mer	mber or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
•		
ANAND PALLEGAR		
(Name of Person)	<del></del>	
(Firm/Company)		
4500 04TH OT OT 5		
1509 64TH ST. CT. E		
BRADENTON, FL 34208		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
ANAND PALLEGAR at (	941 ) 320-3400	
	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee &	
CR2E079 (8/05)	Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I、ATLARGE, INC.	, hereby resign as MANAGING MEMBER
7	(Title)
of LEYSIN, LLC	,
	ability Company)
a limited liability company organized under the	e laws of the State of FLORIDA,
and affirm that the limited liability company ha	
(Signature of resigning manag	, 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