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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 08 uc (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Manag	ing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
MICHELE AND SHOW (Name of Person)	
	ZIBS NO
(Firm/Company)  8556 GREENBANU BLV (Address)	2005 NOV 14 AM 10: 41  DIVALLAHASSEE, FLORIDA  4780
WINDERMERE FLORIDA 3 (City/State and Zip Code)	4786 PRO 1
For further information concerning this matter	r, please call:
Michalle Small (Name of Person)	at (H07) 654 9285 (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	nt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE

# TOWN IN THE WORL DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAG

I, MARN STEPHEN SHALL , hereby resign as MGRM (Title)
of ORIIC
UIU
(Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, 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