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(Re	equestor's Name)	
(Ac	ldress)	
(Ar	dress)	
(
(City/State/Zip/Phone #)		
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SECRETARY OF STAIL

D. BRUCE

APR 08 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Best Finish LLC (Name of Limited I	Liability Company)	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Gustavo Sturup (Contact Person)		
(Contact Person)	98 / SEC	•
Best Finish, LLC (Firm/Company)	IPR -E	442 Fr ³
1176 Paseo del HAR B (Address)	08 APR -8 PM 1: 03 SEGRETARY OF STATE TALLAHASSEE. FLORIDA	
CASSEL DERRY FL 32707 (City/State and Zip Code)		
For further information concerning this matter, pl	ease call:	
Gustavo Sturup at ((Name of Contact Person)	954) 663-7605 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



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 a of State is: Best Finish, Lic	
2. This limited liability company was organized un	der the laws of:
3. The Florida document/registration number of thi	
4. I, HARIA BIANCO (Print Name of Person Resigning) of this limited liability company and affirm the liresignation in writing.	
Signature of Resigning Member, Managing Mem	aber or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	OR APR -8 PM 1:0 SEGRETARY OF STATALLAHASSEE, FLOR

CR2E079 (5/06)