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## **COVER LETTER**

for

Tallahassee, Florida 32314

P.O. Box 6327

TO: Registration Section Division of Corporations
SUBJECT: Price loan, com CCC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Sofia Weisser (Contact Person)
Price Contact Person)  [Firm/Company]
21150 NE 38 DVC
Aventera Re 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
Sofia Weißser at (305) 794-5287 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

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 of State is:	limited liability co	ompany as it app	ears on the records of	of the Florida De	epartment	:
2. This limited liabi	,	organized under	the laws of:			
4	0-4965	307	imited liability comp L05 000032	910		
4.1, Lawk	LVCL K ame of Person Resign	LAMER	/ hereby resign as a _	M AWA (Print Title)	<u>61</u> N	в мемьёр
of this limited liak resignation in wri	sility company and	d affirm the limit	ed liability company			
Signature of resignature	l l	l	i or manager			
Filing Fee: Certified Copy:	\$25.00 (Requipments) \$30.00 (Option	•			07 NO	SECR