105000033521

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	}
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,	·	

Office Use Only



200082388162

12/12/06--01042--011 **\$5.00

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Classic Toys, LLC		
	ited Liability Company)	
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted	for
Please return all correspondence concerning	this matter to:	
Michelle Sides		
(Contact Person)		2 =
		05 DEC
EH Building Group		150
(Firm/Company)		~ ~
4227 Northlake Boulevard		MH1: 09
(Address)		
(Chantes)		09
Palm Beach Gardens, FL 33	3410	
(City/State and Zip Code)		
For further information concerning this matter	er nlease call:	
	, p. com com.	
Michelle Sides	at (561) 626-6121	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
England places find a shock made neverble to	a tha Flavida Danastmant of State for	
Enclosed please find a check made payable t \$25 Filing Fee	\$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i anana35∞, Fiorida 32314	

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 loof State is: Cla	limited liability company as SSIC Toys, LLC	it appears on the records of the Florida	Department
<u>-</u>	lity company was organized	i under the laws of:	06 DEC 12
3. The Florida docu L050000 3	. <u> </u>	f this limited liability company is:	强11:09
4. I, Michael F	F. Aranda ame of Person Resigning)	, hereby resign as a Member (Print To	itle)
•	oility company and affirm th	ne limited liability company has been no	otified of my
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		