105000037805

(R	Requestor's Name)	
(A	Address)	
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(C	City/State/Zip/Phone #)	
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: MELAND GROUP (Name of Limited Liability	LL C ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
CARLOS ZAMATA (Contact Person)	
(Firm/Company) 1570 WEST IT PIMCE (Address)	OT MAR 12 PM 12: 23 OT MAR 12 PM 12: 23 SECRETARY OF STATE TALLAHASSEE, FLORID
1570 WEST ST PLACE (Address) HMEAH FL 33012 (City/State and Zip Code)	OPIDA : 23
For further information concerning this matter, please	
(Name of Contact Person) at (37)	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

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

	limited liability company as it appears on the records of the Florida Department ELAND GROUP, LLC	
<u>.</u>	ility company was organized under the laws of: OF FLORI 9-4.	17 PHIL.
A	ument/registration number of this limited liability company is: OO 37805	
4. I, OAR LO	hereby resign as a MANHGEQ (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting. $oldsymbol{A}$	7
Signature of Resi	enting Member, Managing Member or Manager	
· ·	\$25.00 (Required)	
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my iting. Enting Member, Managing Member or Manager	,