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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	Registration Section Division of Corporations
SUBJE	CT: BAYSHOOF CONSUMNS UC (Name of Limited Liability Company)
Dear Sir	or Madam:
The enc	losed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	MASTHEW (Name of Person)
	(Firm/Company)
<i>ā</i>	ATTA PARYSEED CT
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
	MATHON COTTA at (727) 143-3797 (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:

1 X \$25 Filing Fee

CR2E079 (8/05)

555 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MATTHEW CETTA, t	nereby resign as	MANNACED (Title)	<u>Imem</u> ase
of BRISHOUE CONSULTIONSE (Limited Liability Co	ompany)	(Title)	,
a limited liability company organized under the laws o		Florion	,
and affirm that the limited liability company has been	notified in writing	of the resignation	n.
Math			
(Signature of resigning manager, man	aging member or i	nember)	

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

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