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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	`	,			
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DINISION OF CORPORATIONS

J. BRYAN AUG 1 5 2006

COVER LETTER

COVEREET	IER
TO: Registration Section Division of Corporations	
SUBJECT: MEGA ENTERPRISES, LLC	
(Name of Limited Liability	Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member of	or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
MIGUELINA GABIRONDO	
	<u> </u>
(Name of Person)	S I S I S I S I S I S I S I S I S I S I
MEGA ENTERPRISES, LLC	
(Firm/Company)	P. P. P.
8095 NW 8th St: #307	OS AUG 14 PH 3: 23
(Address)	٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠
Miami, Florida 33126	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MIGUELINA GABIRONDOat(_305	801-7418 (cell)
(Name of Person) (Area	Code & Daytime Telephone Number)
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 Enclosed is a check for the following amount:	
1.7	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

ĭ	MIGUEL MELENDEZ	harahy racion as	MANAGENG MEMBER
٠,		, nereby resign as	(Title)
of	MEGA ENTERPRISES, LLC.		
_	(Limited Liab	lity Company)	
a lin	mited liability company organized under the la		LORIDA
and	affirm that the limited liability company has l	peen notified in writing	of the resignation.
		2.5	
	(Signature of resigning manager,	, managing member or	member)

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