250000 42815

(F	lequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
·	ALV

Office Use Only



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01/16/07--01019--019 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HRH THO SUBJECT: (Name of Limited I	Services, LCC.
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Nanette Color (Contact Person)	
(Firm/Company)	Z001
201 Alhambra Circle, ste	JAN 16 P CRETARY OF CAHASSEE, F
Coral Gables fr 33/34 (City/State and Zip Code)	OF STATE
For further information concerning this matter, p	lease call:
Name of Contact Person) at (365 4449969 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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 32301	Tallahassee, Florida 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

	limited liability company as it appears on the records of the Florida Department HRH THE SEWES, UC.
2. This limited liab	oility company was organized under the laws of:
L05000	ument/registration number of this limited liability company of the second liability company of
(Print N	bility company and affirm the limited liability company has been notified of my
Signature of Res	igning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)