W5000053663

(Requestor's Name)	
(A.1.1	
(Address)	
(Address)	
(City/Sṭate/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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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
C. Amsellem
(Contact Person)
(Firm/Company)
17150 Collins Ave. Suite 101-264
Surry Istes, FL. 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
C. Amsellem at (786) 277-0608 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 light of State is:	imited liability company as it appears on the records of the Florida Department $P-5202$ LLC
	ity company was organized under the laws of:
	nent/registration number of this limited liability company is:
4. I, Charles	S Amsallem, hereby resign as a managing member (Print Title)
of this limited liabi resignation in writ	lity company and affirm the limited liability company has been notified of my ing.
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)