LD5000057809

(Requestor's Name)				
: (Address)				
· . (Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies,	Certificates of Status			
Special Instructions to Filing Officer:				
i				

Office Use Only



100184201081

08/13/10--01025--003 **25.00

JSECCETARY OF STATE

C. LEWIS

AUG 1 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: LIFE PRODUCTS, LLC.	
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
CARLOS OMANA	
(Contact Person)	
(Firm/Company)	
3403 N.W. 82ND AVE STE. 300	
(Address)	
DORAL, FL 33122	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
CARLOS OMANA	at (305) 5975143
(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	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



2010 AUG 13 PM 4: 04 SECTITARY OF 5 TATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	the limited liability company as		s of the Florida Department
of State is: <u>L</u>	IFE PRODUCTS, LLC.		·
2. This limited li	iability company was organized	l under the laws of:	
3. The Florida do 	ocument/registration number of 57809	this limited liability con	npany is:
_{4. I,} Focil, An	ndres	, hereby resign as a	Manager
(Prin	t Name of Person Resigning)	. , ,	(Print Title)
	liability company and affirm the	e limited liability compa	ny has been notified of my
resignation in	writing.		
Signature of R	esigning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)