## L05000060112

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(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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SECRETAKY OF STATE
ALLAHASSEE, FLORID

## COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: Decomar LLC	
(Name of Lim	ited Liability Company)
Dear Sir or Madam:	,
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
Andrew Feldman	
(Name of Person)	
Clear Title Services, Inc.	
(Firm/Company)	<del></del>
1111 Kane Concourse, Ste. 200	
(Address)	
Bay Harbor, FL 33154	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Andrew Feldman	at ( 305 ) 865-5718
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananasses, rionaa 525 M
Enclosed is a check for the following amount:	•
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

	N <sub>x</sub> .
Auguston Crespo	, hereby resign as Manager
	(Title)
of Decomer LLC	
	(Limited Liability Company)
a limited liability company organized	under the laws of the State of Florida
and affirm that the limited liability co	mpany has been notified in writing of the resignation.
1 aus	sto A Creso
(Signature of resign)	ng manager, managing member or member)

FILING FEE IS \$25,00

Make checks payable to Florida Department of State and small to:
Division of Corporations
P.O. Box 6327
Tallaharsee, FL 32314

)6 OCT 18 PM 2: 13 SECRETAKT OF STATE MIT AHASSEE, FLORID

CR2E079 (8/05)