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T. HAMPTON MAY -7 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: NOUVERNACI The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: <u>Franculus Cuementate</u> at (305) 2646/03

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & \$25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the of State is: NC	limited liability company	as it appears on the records	of the Florida Department
2. This limited liab	ility company was organiz	zed under the laws of:	
3. The Florida doci 	. —	of this limited liability com	pany is:
4. I, <u>Dankl</u> (Print N	ZamudiD Jame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
resignation in wr		the limited liability companged the li	y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		91√1SE SEC

CR2E079 (5/06)

SECRETARY OF STATE

ON VISION OF CORPORATIONS