LOS 0000 12267

(Re	equestor's Name)	
(, , , , , , , , , , , , , , , , , , , ,	
(Ac	ldress)	
·	·	
(Ac	idress)	
	•	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	,
Continue Constant	O-4161-4-	-6.01-4
Certified Copies	_ Certificates	or Status
	<u>.</u>	
Special Instructions to	Filing Officer:	
t		
		,

Office Use Only



300139152583

12/29/08--01047--011 **25.00

2008 DEC 29 AM II: C SECRETARY OF STAT SECRETARY OF STAT

T. CLINE
DEC 3 0 2008
EXAMINER

15-1506

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: STYLE PUBLICATIONS		
(Name of Limite	d Liability Company)	
The enclosed member, managing member or maining.	nanager resignation and fee(s) are submitted	l for
Please return all correspondence concerning th	is matter to:	
PEDRO GONCALVES		
(Contact Person)		
12668 N.W. 74TH PLACE		
(Firm/Company)		7200E
,	•	CRE E
(Address)		29 TAR
PARKLAND, FL 33076	•	2000 DEC 29 AMII: 07 SECRETARY OF STATE SECRETARY OF STATE
(City/State and Zip Code)	-	LORGINE CONTRACTOR CON
For further information concerning this matter	, please call:	
PEDRO GONCALVES	at (954) 227-3678	_
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	•
Enclosed please find a check made payable to \$25 Filing Fee	the 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 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)

RESIGNATION AND ACCEPTANCE

I hereby resign as an officer, director, and Member of STYLE PUBLICATIONS, LLC, effective immediately.

DATED this 20 day of Lecember, 2

PEDRO GONCALVES

ACCEPTANCE

On behalf of STYLE PUBLICATIONS, LLC., the resignation of PEDROFTAR CONCALVES is accepted and ratified	
OONO/LVED IS accorded and ratified.	
DATED this 20 day of December, 2008.	E.
STYLE PUBLICATIONS, LLC	•
By:	
its Managing Member	