## L05000173731

i	
(Requestor's Name)	_
(Address)	_
(Address)	_
(Addiess)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
• ,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
operation includes to the initial of the original includes the initial of the original of the	1
	١
	١
, in the second	
	╛

¥

Office Use Only



900078925589

08/31/06-01007--005 \*\*25.00

2006 AUG 3 1 AM 11: 5

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CoolSistas L.L.C. (Name of Lim	nited Liability Company)	-	
,	,		
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted fo	r filing	3.
Please return all correspondence concerning this	matter to the following:		
LaRhonda Whitmire			
(Name of Person)	<del></del>		
CoolSistas L.L.C.			
(Firm/Company)		20	710
1895 North Creek Cr.	<u>.                                    </u>	2006 AUG 31 AM 11: 59	SECRE
(Address)		ယ်	OF C
Alpharetta, GA 30004		A	S 설생 S 등 실수
(City/State and Zip Code)		=	TAT TAT
For further information concerning this matter, p	lease call:	59	OKS E
LaRhonda Whitmire	at (_770) _740-0830	_	
(Name of Person)	(Area Code & Daytime Telephone Number)		
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		
Enclosed is a check for the following amount:			
✓ \$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Juli Herren Urken, hereby resign as Manging 1	Ninks
of(Limited Liability Company)	,
a limited liability company organized under the laws of the State of	
and arithin that the ninted hability company has been notified in writing of the resignation 3	FILE CRETARY ION OF CO
(Signature of resigning manager, managing member or member)	O OF STATE APORATION
φ ·	ก็ก

FILING FEE IS \$25.00

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