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	(Requestor's Name)	
	(Address)	
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	Office Use Only	



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01/18/07--01031--011 **25.00

07 JAN 18 PM 12: 30 SECRETARY OF STATE FALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HAWA HOL (Name of Limited Lie	DINGS, LLC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
M. J. RHODES (Contact Person) HALIA HOLDINGS, LL (Firm/Company)	JAN 18 PH 12: 30 CRETARY OF STATE LAHASSEE FLORIDA
(Firm/Company) 1590 WA Hoo CT. A (Address)	D _F 30
Cargon British (City/State and Zip Code)	5 1.0. 10.0 10.00 N.C. 10.0 63.27 Callegasse, Pleride 3231A
For further information concerning this matter, ple	ase call:
M. LHODES at ((Name of Contact Person) (A	239) 269-7643 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l \$25 Filing Fee	Florida Department of State for: \$55 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 limited liability company as it appears on the records of the Floor of State is: HALLA HOLDINGS, LLC	orida Depar	tment
2. This limited liability company was organized under the laws of:	JAN 18 PM DRETARY OF AHASSEE FL	¥
3. The Florida document/registration number of this limited liability company is:	PM12: 30 OF STATE FLORIDA	A COLUMN TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRES
4. I, PHILIPO RHOMS, hereby resign as a MAN (Print Name of Person Resigning)	AGER rint Title)	<u>-</u>
of this limited liability company and affirm the limited liability company has been resignation in writing.	n notified o	of my
Mig I Shodo		
Signature of Resigning Member, Managing Member or Manager		

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)