U5000085441

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<i>≠</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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		4

Office Use Only



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COVER LETTER

TO: Registration	
Division of	of Corporations
SUBJECT:	Worldwide Hustler, LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed men filing.	mber, managing member or manager resignation and fee(s) are submitted for
Please return all co	correspondence concerning this matter to:
Lee	(Contact Person)
	(Contact Person)
World	Wide Hustler, LLC Aco
	(Firm/Company) FS 9
23 Alos	(Firm/Company) ASECRE 1900 OCT 1900 OC
Oviedo,	FL 32765 (City/State and Zip Code)
For further inform	nation concerning this matter, please call:
Lee Cher	at (407) 529-4180 of Contact Person) (Area Code & Daytime Telephone Number)
(Name o	of Contact Person) (Area Code & Daytime Telephone Number)
	and a check made payable to the Florida Department of State for: \$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	limited liability company	as it appears on the records	of the Florida Department
	Worldwide		AHA A
2. This limited liab	oility company was organiz	ed under the laws of:	15 PM 2: 24 SEE FLORIDA
3. The Florida doc	ument/registration number	of this limited liability com	pany is:
L0500	000 85441		
4. I, DOUS	Mclecol	, hereby resign as a	Managing Nember
	Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		the limited liability compan	y has been notified of my
Signature of Res	gning Member, Managing	Member or Manager	•
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to or affirmed, and subscribed before me this 8 day of Oct 2007

CR2E079 (5/06)

