## L05000086367

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
	<b></b>	<b></b>
☐ bick-nb	WAIT	MAIL
Ru	siness Entity Nan	ma)
,ωα.	siliess Littly Ivali	iie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to Filing Officer:		

Office Use Only



000110911210

10/18/07--01031--009 \*\*50.00

DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SOBSECI.	Holdings, LLC Jame of Limited Liability Company)
The enclosed member, managing rafiling.	nember or manager resignation and fee(s) are submitted for
Please return all correspondence co	oncerning this matter to:
Lorena LLA	NO SIN
(Contact Person	WO OT DET 18 PM 1: 00  The Allo
	8 CON
(Firm/Company	Th Ave.
608 SW 4	th Ave.
fort Laude (City/State and Zip)	Idale, f1 33315
For further information concerning	this matter, please call:
LOVENA LLAM (Name of Contact Person)	10 at (Area Code & Daytime Telephone Number)
Enclosed please find a check made \$25 Filing Fee	payable to 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 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 FÖREIGN LIMITED LIABILITY COMPANY

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)