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(Requestor's Name) (Address) (Address)	900078566119
(City/State/Zip/Phone #)	900078566119 08/16/0601005013 **50.00
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COVER LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company) SUBJECT:

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) 10 PCM 1889 PELICAN BAY BLUD, SUITE SOO FL 34108-7512 APLES,

(City/State and Zip Code)

For further information concerning this matter, please call:

GOSSELLA at (2-39) 598-7722 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

CR2E079 (8/05)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, BRUCE S. SMERMAN, hereby resign as MEMBER/ 1 ALAGER LC. (Limited Liability Company) of LORID

a limited liability company organized under the laws of the State of <u><u>LokiDk</u></u>

and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

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CR2E079 (8/05)