× 191.

L05000099483

(Requestor's Name)				
(Address)				
Alleria				
(Address)				
(Ci	ty/State/Zip/Phon	ne #)		
	_			
PICK-UP	, WAIT	MAIL		
(Ří	usiness Entity Na	me)		
(Dr	ISINGSS CIRILY NA	ille)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only



600166261316

02/09/10--01027--013 **25.00

10 FEB -9 AM II: 59 SECHETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations	
SUBJECT: EL RODEO, LLC	
	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
ANA BARRIONUEVO	
(Contact Person)	
(Firm/Company)	
1646 ISLAND WAY (Address)	
WESTON, FL 33326	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
ANA BARRIONUEVO	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to a √ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i annimossy i tottaa sasti

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 line of State is: ELR	mited liability company as it ε ODEO, LLC	appears on the records	s of the Florida Department
2. This limited liabili FLORIDA	ty company was organized un	der the laws of:	
3. The Florida docum L050000994	ent/registration number of thi	is limited liability con	npany is:
4. I, MARCELO (Print Nam	BARRIONUEVO ne of Person Resigning)	_, hereby resign as a	MANAGING MEMBER (Print Title)
of this limited liabil resignation in writing	ity company and affirm the ling.	mited liability compar	ny has been notified of my
Signature of Resign	ing Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	• • •		