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SECRETARY OF STATE
TALL'AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D.I.R.T. MASTERS EXPRESS (Name of Limited Liability	
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
JUAN C. ROSELL	
(Contact Person)	
	•
(Firm/Company)	
935 NW 203 AVENUE	
(Address)	
PEMBROKE PINES, FL 33029	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Juan C Rosell at954	4) 439-9351 <i>(239) 53 7-110 1</i>
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric √ \$25 Filing Fee	la 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

	limited liability company as R.T. MASTERS EXF		of the Florida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
	ment/registration number of	f this limited liability comp	oany is:
4. I, JUAN C R	OSELL	, hereby resign as a _	ИGR
	ame of Person Resigning)	,,	(Print Title)
of this limited lial resignation in wr	oility company and affirm th ting.	e limited liability company	has been notified of my
Signature of Resi	C. Ses C. gning Member, Managing M	dember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2008 SEC TALL