## 05000/06357

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
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05/14/07--01034--009 \*\*25.00

SECRETARY OF STATE OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: MON AMI PARTHERS 4	<u>'</u>
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	or resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
DONALD CHILLMAN (Contact Person)	
(Contact Person)	
AA	OT MAY 14
MON AMI PARTNIERS LLC. (Firm/Company)	
(Fum/Company)	
410 N LAKE SYBELIA DR	
MAJTKANU) FL 3275/ (City/State and Zip Code)	 
For further information concerning this matter, please	call:
SAME at 14	10 2477624
(Name of Contact Person) (Area	1) 247 7624 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	srida Department of State for:
[ ]	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

, , , , , , , , , , , , , , , , , , ,	MOXI AMI PARTA		
	ility company was organized	d under the laws of:	
STATE OF	EDORIDA		
•	٠,		
4		f this limited liability company is:	,
203000	106357	<del></del>	
KENNET	H L SMITH	hereby resign as a MANAGER_	
Print A	ame of Person Resigning)	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of	î my
		·	
Kent	11		
Kent	gning Member, Managing N	Aember or Manager	D
Kent	igning Member, Managing N	Aember or Manager	07 HJ
Kent	igning Member, Managing N \$25.00 (Required)	Member or Manager	n7 MAY F

CR2E079 (5/06)