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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 23 PM 3:53

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poluco LLC
(Name of Limited Liability Company)

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:

Laurie Nicolas EA
(Name of Person)

(Firm/Company)

2430 Shadowlawn Dr. Ste 7
(Address)

Naples, FL 34112
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Nicolas at (239) 775-8588
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

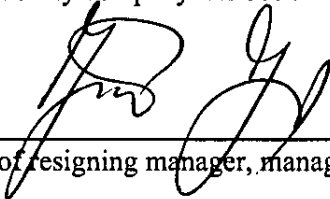
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Jiri Jira, hereby resign as Member
(Title)

of Polycod LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida
~~DELETED~~

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

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TALLAHASSEE, FLORIDA

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