## L05000109470

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Littly Harrie)			
(December of Niverbra)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
•	ne of Limited Liability Company)	
The enclosed member, managing me filing.	mber or manager resignation and fee(s) are submitted	for
Please return all correspondence con	cerning this matter to:	
(Contact Person)	WILFRID M. WHITNEY Attorney At Law 90 NORTHEAST 3 STREET	0 60 181410
(Firm/Company)	FLORIDA CITY, FL 33034	EC-7
(Address)		OF DEC -7 AMII: 23
(City/State and Zip Co	de)	
For further information concerning the	his matter, please call:	
(Name of Contact Person)	at (305) 247-2200 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made p \$25 Filing Fee	ayable to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as	s it appears on the records of the Flo	rida Department
2. This limited liab	oility company was organized		
	ument/registration number o	f this limited liability company is:	
of this limited lia resignation in w	bility company and affirm th	, hereby resign as a MANAGO (Prome limited liability company has been been been dember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		DIVISION OF CO.

DIVISION OF CORPORATIONS