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SECRETARIE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: pH Enterprises (Name of Limit	LLC- ted 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 r	natter to the following:
Paul M Pellicer	
(Name of Person)	
st Finteracises 1	
Alf Enterprises Li (Firm/Company)	
The second	
2717 NE 10 ^T Tero	
Wilton Manors F/ (City/State and Zip Code)	33334
For further information concerning this matter, ple	ease call:
-	
Paul Pellicer (Name of Person)	at(<u>954</u>) 263-7980
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
X\$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Howard	d R	Wynne		, hereby resign as	MGRM
				<i>.</i>	(Title)
of	PH	Enterprises (Limited	. LL 1 Liability	y Company)	
a limited liabili	ty com	pany organized under	the laws	s of the State of	Florida
and affirm that	the lim	ited liability company	has bee	en notified in writir	ng of the resignation.
	H	hy	<u>e</u>	11-3	
	(Sign	ature of resigning man	iager, m	nanaging member o	r 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

