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SECRETARY OF STATE
ALLAHASSEF FIRE

D. BRUCE
APR 7 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2336 (Name of Limited L	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Dinorah R. Pen	aboud
(Contact Person)	
(Firm/Company)	09 SEC TALL
13341 SW 6 Strue	APR T
(Address)	
Miani Dla. 33184 (City/State and Zip Code)	PHI2: 47 FOF STATE EE. FLORIDA
(City/State and Zip Code)	DE L
For further information concerning this matter, p	lease call:
Dinorah R. Revahad at (Name of Contact Person)	786,443-6571
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a: 2330	• •	•	
	ity company was organize			
205	ment/registration number o			
4.1, Dinol (Print Na.	-ah L. Penal) me of Person Resigning)	had, hereby resign as a	Mauage (Print Title)	<u>r</u> (MGRM)
of this limited liabi resignation in writ	ility company and affirm th	ne limited liability compa	any has been notified o	
Signature of Resig	ning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHASSEE, FLOR	09 APR - S BUILD
of this limited liabilities resignation in write Signature of Resignature of Resignature Filing Fee:	ility company and affirm thing. Ining Member, Managing N \$25.00 (Required)	ne limited liability compa	any has been notified of	of my

CR2E079 (5/06)