## 0500011983

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP		MAIL
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(Doci	ument Number	)
, Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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## **COVER LETTER**

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**Registration Section** TO: **Division of Corporations** SUBJECT: (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

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Nagi	> Kaik	
	(Contact Person)	
KaiK	Matage Genices, UL	
	(Firm/Company)	
2108	W. Kennedy Blue Tampa FI 3360	16
	(Address)	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

- 2. This limited liability company was organized under the laws of:  $H \partial H \partial A$
- 3. The Florida document/registration pumber of this limited liability company is:

LOG 00011 9836 Manya Mento Ding hereby resign as a 4. I, (Print Title) (Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (5/06)