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(Ade	dress)				
(Address)					
(City	y/State/Zip/Phone	∋ #)			
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COVER LETTER '

TO: Registration Se		٠	
Division of Cor	porations		
SUBJECT: Punta I			
	(Name of L	imited Liability Co	mpany)
The enclosed member, filing.	managing member	or manager resig	gnation and fcc(s) are submitted for
Please return all corresp	ondence concernir	ng this matter to:	
Jason Desmond			
	Contact Person)		_
	C:/C		_
()	Firm/Company)		
6451 N Federal F	lighway Ste 1	200	_
	(Address)	-	
Fort Lauderdale,	FI. 33308		
(City	/State and Zip Code)		-
For further information	concerning this ma	atter, please call:	
Jason Desmond		at (954	, 491-8501
(Name of Con	tact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a c	check made payable iling Fee		Department of State for: 555 Filing Fee & Certified Copy
STREET/COURIER	ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporation	ıs		Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center (Tallahassee, Florida 323			Tallahassee, Florida 32314

CR2E079 (5/06)





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 nta Perla Sales & Ma	* *	s of the Florida Department
2. This limited liab	vility company was organized	l under the laws of:	
3. The Florida doc LOS	ument/registration number of	this limited liability con	npany is:
_{4. I.} Derek Rad	dzikowski	, hereby resign as a	MGRM
(Print N	lame of Person Resigning)	, , , ,	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	c limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager	
J		3	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		